

THE EXPERIENCES  
OF AN  
ASYLUM PATIENT



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THE EXPERIENCES OF  
AN ASYLUM PATIENT



# THE EXPERIENCES OF AN ASYLUM PATIENT

BY  
RACHEL GRANT-SMITH

WITH AN INTRODUCTION AND NOTES BY  
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## FOREWORD

As the object of the subjoined history is to bring before the reader a picture of Asylum life as it may exist at the present day, and not to expose particular Asylums, it has been thought advisable to give to the Asylums (except Cheadle Royal), as well as to the Medical Superintendents, Commissioners, Nurses and Patients, referred to in it, fictitious names. For this purpose names have been taken at random from Charles Reade's *Hard Cash*, and nothing is intended by the adoption of particular names for particular Asylums or particular people. For the same reason the identity of the author has been withheld. All names, of course, represent real persons and real places, and will be disclosed at the proper time, should such disclosure become necessary, to those who have a right to the information.

## INTRODUCTION

As the reader is probably aware, a Departmental Committee has recently been sitting in London to enquire into the accuracy of charges brought against Asylum administration in a book called *The Experiences of an Asylum Doctor*, and to hear evidence connected with such charges. As the author of the book in question, I was asked to appear before this Committee, but after much consideration declined to do so on the ground that, owing to its official constitution, it was not only likely to be biased, but from its limited "terms of reference," it was unable to go to the root of the evils exposed in that book, which involved changes in the Lunacy Laws themselves. A further reason for my refusal consisted in the fact that the Committee were empowered to select from the evidence tendered so much as and no more than they themselves considered pertinent to the purpose of the enquiry, and to examine any witnesses *in camera*, as they saw fit, two conditions which, in my opinion, were bound to detract from the thoroughness and impartiality of any enquiry, and might, indeed, make it a mere travesty of justice. In a letter addressed to myself by the Secretary of the Committee, these conditions were clearly stated in the following words: "With regard to the calling of witnesses the Committee will follow the procedure normally adopted by Government Committees in this matter. After hearing evidence from yourself, they will decide what further witnesses

they will call. They will themselves summon and examine these witnesses, and you will not be asked to undertake responsibility in this matter. . . . Further, the Committee have the right to hear any evidence *in camera*." In other words, the Committee possessed the right of veto, and could decline to hear particular witnesses, or not to publish their evidence, should they think fit. Further, it was stated that witnesses would not be examined on oath ; that they would not be protected ; and that they might not be represented by counsel. Under these circumstances, it seemed useless for me to attend before the Committee, or to call any witnesses, and I declined to do either ; for a Committee so constituted, so limited in its "terms of reference," and armed with such arbitrary powers, was not likely, in my opinion, to arrive at any satisfactory conclusion upon the facts submitted to them.

At the same time the witnesses of the facts were so many in number, and the facts themselves of such importance, that it was imperative that they should be heard. Failing, therefore, the appointment of the Royal Commission demanded, I have decided to appeal once more to the public, and, with this object in view, I now introduce to the reader one of the witnesses whom I was, and am, prepared to call before such a Commission, and let her tell her story in her own words. Whereas, in my last book, I gave the reader the "Experiences of an Asylum Doctor," I now stand aside and give him "The Experiences of an Asylum Patient," leaving him to judge how far the one set of experiences corroborates the other. I need only add that, when I wrote my book, I had not heard the author's name, and did not even know of her existence.

It is only proper to state, however, that the story

does not appear in print for the first time. In the summer of 1914, there appeared in *Truth* (July 15, 22, 29), three remarkable articles, in which an epitome of Mrs. Grant-Smith's experiences in the five asylums in which she was immured was set out, together with editorial comments upon the legal aspects of the case. The articles, which in ordinary times could not have failed to create a profound sensation, and which the editor of *Truth* had fully intended to make use of as a fulcrum for demanding a Government enquiry, unfortunately fell quite flat owing to the intense pre-occupation of the public mind with the dramatic events so shortly to follow. With the cessation of war, however, in the winter of 1918, the question of the asylum treatment of the insane assumed a fresh prominence, owing to the large number of shell-shocked and mind-shattered ex-soldiers who began to pass into our Public Asylums. At once the public conscience was aroused, and, coincident with the publication of my book, the searchlight of public opinion was turned upon the whole question of insanity and its institutional treatment. In these circumstances, a fitting opportunity presents itself for bringing out once more, though now in more detailed form, the story which forms the subject of the following pages. But the object of its publication is now twofold: not only to procure justice, should the story prove true, for a woman who had been cruelly treated and greatly wronged; but to continue the exposure, begun in my book of Asylum "Experiences," of that system of Asylum treatment which so many of the men who had fought for their country were now doomed to undergo.

With these few words, I now pass to the story itself. It is what it professes to be, the experiences of an asylum patient, for which the teller of the tale is alone responsible. I myself do not vouch for the truth of the story : all I do is to introduce the author and her story to the public. At the same time, nothing would have induced me to act in this capacity if I did not believe the story, down to its most trivial detail, to be true. I have known the author now for nearly a year, and have had many interviews with her. I have gone through every detail of her story with her over and over again, and have examined and cross-examined her upon it with the greatest care to see whether I could detect any confusion in her replies to my questions, or any contradiction in her versions of the same events, and I have been able to detect neither. Mrs. Grant-Smith is one of the most scrupulously truthful persons I have ever met ; more than this, she is even meticulously accurate and matter-of-fact, insisting on the most exact and literal presentation of the facts she is narrating, and refusing to make use of, and in fact being unable to supply, any literary artifice or colour for her story. The reader will see for himself that she views facts too baldly, and narrates them too simply, to be suspected of any overstatement or emphasis. Whether true or not, it is a transparently honest and unvarnished statement, which I have submitted to the most searching tests in my power and have been unable to shake in any particular. This much it was obviously my duty to do before introducing the story and its author to the public.

But still, as I have stated, though the narrative is sincere and honest, and represents the unshaken belief of the author, the facts with which it deals may

possibly be imaginary, the story may not be true. In this case, of course, though the author is not guilty of deliberate lying, she may be unconsciously deluded. The facts which she relates may be of the nature of delusions, and, though she sincerely believes them, may never have happened. They deal with the period when she was confined as a so-called lunatic in various asylums; and lunatics, as we know, frequently suffer from delusions, which they mistake for truths. Is this story a mere history of delusions still regarded by the writer as facts? For the sake of our common humanity one would like to believe it, though I myself have no doubt that this explanation is incorrect. For one thing, whatever she was in the period when these events are supposed to have happened, Mrs. Grant-Smith is now certainly sane, and has been, by all accounts, sane for the last ten years. Her memory is excellent, even exceptional, and her powers of judgment and reasoning are of no mean order. She is remarkably intelligent, though bearing the mental marks of her sufferings, and manages her own affairs in a perfectly normal and rational manner. By the consent of all who know her she is a thoroughly capable and practical woman. As evidence of this is the fact that after twelve years spent in asylums, and when advanced in middle life, she successfully passed various examinations in medical electricity, massage, and midwifery, and has practised for some years all these subsidiary branches of nursing. To a woman mentally unbalanced and of defective intelligence and memory, such acquirements would have been impossible. We may thus dismiss as untenable any doubts as to the author's present sanity. This, as will be seen in the sequel, is a very important conclusion.

But it may still be objected that Mrs. Grant-Smith, though sane now, was insane at the time the events narrated are said to have happened, and her present conviction of their truth may be entirely vitiated by this fact. Let us consider this supposition very carefully. It means that a person admittedly sane can be at the same time subject to delusions. But a person subject to delusions, which he persistently mistakes for facts, cannot be sane; for the exhibition of delusions is one of the hall-marks of insanity. If Mrs. Grant-Smith, though sane and intelligent in every other respect, still believes that certain facts took place which on this theory did not take place, then to that extent she is still deluded, she is still insane. This, as we shall see later, is the conclusion of the Board of Control, a conclusion expressed many times, and again only recently. It is necessary, then, that this question of delusions should be thoroughly sifted before proceeding further.

Now, delusions are of two kinds, the "insane delusions" of a lunatic, and the simple delusions or mistaken beliefs to which all of us, sane and insane alike, are liable. The difference between the two is very important. "Insane delusions" have certain characteristics which are unmistakable. They deal with false beliefs which cannot by any possibility be true, or which are opposed to the beliefs held by reasonable people of the same age, race, and civilization; and they are not amenable to reason or argument. They have a further characteristic that they are mostly ego-centric, or self-centred, i.e., they are beliefs of "self-reference." For instance, if a person believes that he is made of glass, or "electrified by wireless," that is an "insane delusion" which is obviously false

and cannot by any possibility be true. If he believes he is the Messiah or the Emperor Napoleon, when to everyone else he is plain John Smith, that again is an obviously "insane delusion." We must distinguish such delusions which are obviously insane from delusions, equally absurd, which are compatible with sanity. Thus, a little girl who believes that her doll is sick and needs medicine believes something which would be indicative of mental defect in an adult, but is quite compatible with sanity at her age. In the same way the belief of a savage in totems, and that of many civilized human beings in charms and amulets, is not an insane delusion, but merely a superstition.

A further characteristic of all insane delusions—i.e., delusions which are obviously and necessarily insane—is that they are proof against all reason or argument. It is impossible to convince the believer in them of their falsity. He does not so much hold these beliefs, as they hold him; they are of the nature of *idées fixes*, unalterable convictions. A third and equally important characteristic is, that such delusions are nearly always self-centred. They are delusions which the person holds about himself, not about anyone else. A typical instance are the so-called "delusions of persecution," of which the events narrated in this story may quite possibly appear to be an example. The believer in them is always himself the victim: he never has the delusion that other people are being persecuted, and wouldn't care if they were. The personal pronoun "I" looms very large in all lunatic asylums—especially in the victim of delusions. When he begins to get interested in other people he is on the way to sanity. This point is of great importance.

The chief characteristics, then, of "insane delusions"

are their absurdity, their fixity of tenure, and their self-centredness, and these characteristics usually co-exist. Simple delusions, or mistaken beliefs, are of a totally different nature. Sane and insane, we are all liable to them—but if we are sane, when our error is pointed out to us, we can be reasoned out of it, and its absurdity exposed. If we cannot see the absurdity of such beliefs, and cannot be reasoned out of them, we overpass the boundary between sanity and insanity, the mistaken belief becomes an insane delusion, and we are to that extent insane. Many otherwise sane people have, as we say, “bees in their bonnet,” i.e., in some one particular or other, their logic is defective, their reasoning unsound, they are what we call “cranks.”

Now to apply these considerations to the case of Mrs. Grant-Smith. If the facts she relates are delusions they are obviously not “insane delusions,” for two of the characteristics of such are wanting. They are certainly not logically impossible nor inherently absurd. The possibility of ill-treatment in asylums is admitted by everyone; it is not only possible, but a fact of frequent occurrence, as even the Reports of the Board of Control testify. Secondly, this ill-treatment is recorded by her, not only as having happened to herself, but as having been inflicted upon many others. The delusion, if a delusion, is thus not “self-centred.” It is true that the belief is strongly held, but this by itself is not characteristic of false beliefs, but only in association with the other two. Moreover, though strongly held, it is not proof against all reason and argument, for the author is at all times willing to submit herself to the most searching cross-examination, and states her case, as the reader will admit, in the most logical and reasonable manner.

For all that, the facts related in the following narrative may be imaginary, the author may be deluded, though not insanely. On this point everyone who reads her story must depend upon his own judgment, must make up his own mind, as I have long ago made up mine. The story must be judged according to the ordinary canons of evidence, and its inherent probability or improbability be duly weighed. Now it is obvious that ill-treatment in asylums is not, as I have said, inherently improbable, for we have the best of reasons for knowing that it takes place. The particular kind of ill-treatment recorded by Mrs. Grant-Smith may seem improbable, for, as we shall see, this was one of the chief reasons why the Asylum authorities and the Board of Control refused to believe it when she brought it to their notice. One of them even went further, and said that many of the events alleged were so gross and revolting that they were incredible. This, of course, is to beg the whole question, and to express an *a priori* opinion of the possibilities of human nature which our knowledge certainly does not warrant. Some natures are debased and cruel enough to perpetrate these and much worse cruelties. But, though possible, these events may still be imaginary. To which it may be sufficient to answer that, though the insane imagine many things that do not take place, they seldom persist in such imaginations after they have once recovered. They may imagine them at the time, but not afterwards. It is a condition of mental recovery that the delusions and perverted imaginations which characterise the insane state are recognised by the patient as such, and cease to be believed when sanity is restored. They are either forgotten altogether, or only remembered to be rejected. As a rule, they are vividly remembered.

There is another consideration which is of great weight. Mrs. Grant-Smith is not alone in her asseveration of the ill-treatment that is practised in asylums. Hundreds of ex-inmates of asylums assert the same thing in their own case and in that of others. Is it likely that all these persons are suffering from mistaken beliefs? Judged by the ordinary canons of evidence, the probability is all the other way. What possible reason have they for continuing to imagine the existence of facts which never took place? They do not make these mistakes in their ordinary intercourse with their fellows: why should they only make them when recalling their asylum experiences? Above all, though they may hold these mistaken beliefs in private, why should they make them public? They have recovered their liberty as well as their sanity, they have every reason for keeping silence about matters which, if they are not believed, cannot but prejudice them in their neighbours' estimation, and may, indeed, involve them in the serious risk of having their sanity again doubted, and their liberty jeopardised. Their continued assertion of past ill-treatment is under such circumstances not only evidence of their belief in the fact, but a presumption of its truth. They have nothing to gain but everything to lose by their temerity.

Again, the character of the authors of these statements must be given due weight in forming our judgment upon them. Nothing has impressed me more in my intercourse with Mrs. Grant-Smith than the transparent sincerity and simplicity of her mind. She seems to me, as I have said, a quite unusually truthful woman, one who would be far more likely to understate than overstate the facts with which she

deals. This entirely disposes, to my mind, of the only remaining alternative to the truth of her statements, which, if not "insane delusions" or honestly mistaken beliefs, can only be lies. Lies they may be, of course, but no one who knows the author of the story, and probably no one who reads it, will entertain the idea for a moment. Mistaken she may possibly be, but a liar she unquestionably is not. And the probability against her being mistaken, or against her being still deluded, is, as I have shown, overwhelming.

In any case, whatever view we take of her story, the probability of its truth is sufficiently great to demand the most searching enquiry. This, indeed, is all that she asks for, and what she has never yet obtained. And this is all that I claim for her, and for all those who have submitted to me experiences similar to hers. These experiences constitute accusations against the Lunacy and Asylum authorities of so grave a nature that they cannot be allowed to remain uncontradicted. Only a strict examination by an absolutely impartial tribunal will satisfy the public mind and the claims of justice. If they are false, their falsity must be publicly exposed; if they are true, no condemnation of these authorities can be too severe. Things cannot be allowed to remain as they are, for the public conscience has at last been thoroughly aroused, and will not be satisfied with anything short of the truth.

The chief tragedy that runs through the whole of *Mrs. Grant-Smith's* story is the fact that no adequate enquiry has ever been instituted into the credibility of the assertions which she has times without number made to the properly constituted authorities, from the Lord Chancellor downwards. That is the whole burden of her complaint. She does not ask to be

believed off-hand, but to have her statements examined. By the results of such an enquiry she is prepared to abide. That, as everyone must admit, is not the attitude of one who is deluded or a liar, but of an eminently sane and reasonable woman. It is the attitude of one convinced of the justice of her cause, and prepared to defend it before the bar of public opinion. What more can she do to express this conviction, what less could the authorities do than to grant so eminently reasonable a request ? And yet this request has never yet been granted in any but the most inadequate and perfunctory fashion. That is my chief quarrel with the Board of Control. This body is appointed under the Lord Chancellor to safeguard the interests of all lunatics, and to see that justice is done to them ; it is for all practical purposes their final Court of Appeal. To it even, as we shall see, all applications made to the Lord Chancellor are ultimately referred. If they take no action it is highly improbable that anyone else will. Yet what action did the Board of Control take in the case of Mrs. Grant-Smith if her statements are to be believed ? In answer to her numerous complaints of ill-treatment, a special Commissioner (if he was not, as I have reason to believe, one of the Lord Chancellor's Visitors) was once sent down to investigate. Mrs. Grant-Smith has described his visit and its results on p. 100. Could any so-called "investigation" be a greater farce ? She was never examined, was never allowed to produce her evidence, was never confronted with those she accused, but, in her brief absence to fetch her diary, the Superintendent was allowed to give his version of the facts upon which she relied, and, on Mrs. Grant-Smith's return, she found her case prejudged before

she had even stated it, and herself patted metaphorically on the back and bidden a polite "good morning." Yet it was on the strength of "investigations" such as this, and on personal interviews with Lunacy Commissioners on their annual rounds (see p. 115), hardly less perfunctory, that the Board of Control have satisfied themselves that Mrs. Grant-Smith was suffering from "delusions of persecution" during the time of her detention, and is even now suffering from them ten years afterwards. When my friend, Mr. Hugh Davidson, who is himself a barrister as well as a doctor, and who has known Mrs. Grant-Smith for 30 years, and has taken the greatest interest in her case, approached the Minister of Health during September last year, with a view to having the whole case reopened, he was told by the two members of the Board appointed to interview him that, in their opinion, Mrs. Grant-Smith "was mad when admitted to the asylum, was mad while there, and is mad still," or words to that effect. This sounds incredible, but Mr. Davidson vouches for its truth. Here is a lady who has been "discharged from certificates," and has enjoyed full liberty for the last ten years, and who has never shown during that whole period the least aberration of mind and conduct, pronounced "still insane" by two members of the Board of Control, whose opportunities for forming an opinion of her mental state since her discharge have been practically *nil*, simply because she still makes complaints which have never been investigated, and which the Board of Control regards as "delusions"! No greater travesty of justice could be imagined. The truth of these complaints is the very question at issue, yet without any further examination of them this final Court of Appeal pro-

nounces its verdict of "untrue." That has been their attitude, and the attitude during the whole period covered by her complaints of the various authorities in whose asylums she was immured. Mrs. Grant-Smith asserts that she was told over and over again that her complaints were "delusions," when they were not "lies," and that when she ceased to hold these "delusions," or to tell these "lies," she could go free. Let the reader imagine, if he can, the courage required to enable her still to adhere to the truth of her story. Bribed by the offer of her liberty to assert what she knew to be false, to her lasting honour she refused to accept the bribe, and preferred to brave the horrors of the life she describes rather than compromise with the truth. For her own sake, she says, she might not have found courage to refuse, but the thought of those she would leave behind in the same or even worse plight than her own steeled her resolution. To help them, and all those who had to endure similar horrors, she preferred to stay where she was until she had compelled the authorities to acknowledge her sanity. For only by such acknowledgment would her power to help be available. Again I say, all honour to her !

Nothing illustrates to my mind more clearly than the following pages the absolute helplessness of the insane in this country, especially the pauper insane. Notwithstanding all the legal safeguards provided by the Lunacy Acts against improper certification, unjust detention, and cruel treatment, the provisions of the Acts are constantly evaded, deliberately disobeyed, and in most cases made a dead letter by the action or rather the inaction of the Lunacy Authorities, from the Lord Chancellor downwards. Appeal after appeal was made

by Mrs. Grant-Smith to the properly constituted authorities in accordance with the methods prescribed by the Acts, and appeal after appeal was made in vain. Not the slightest attempt was ever made to verify her story in the only way it could be verified, by the personal examination of all the witnesses to it. For it cannot be too often repeated that the question is not whether Mrs. Grant-Smith's allegations could be maintained or not, but whether they were ever adequately investigated. How, except by a properly constituted enquiry, could their truth or falsehood be determined ? If the Asylum Committee had refused, or, what is much the same thing, if the Superintendent had discountenanced such an enquiry, no one else could act but the Board of Control. To label such allegations "delusions," and forthwith dismiss them as unworthy of consideration, is to make a mockery of justice. The sanest man or woman might be illegally detained and cruelly treated in any asylum for the term of their natural lives, without the possibility of redress, were all their protests and complaints dismissed without enquiry as necessarily "delusions." Unless the Board of Control have facts at their disposal unknown to me, which they can bring forward in defence of their action or rather inaction in this matter, I say without hesitation that Mrs. Grant-Smith's case shows the gravest miscarriage of justice with which I am acquainted. Whatever their facts, one thing at least is certain, she herself was never examined or confronted with those she accused. Her statements were listened to, no doubt, on several occasions, but were never believed, and she was never once given the opportunity of proving them. That this opportunity has now, probably, for ever gone by, is not

the least part of the injustice done her. The Asylum Authorities may congratulate themselves that they are in this way safeguarded from discovery and conviction, but the British public may not be so easily satisfied. An old proverb says "Murder will out," and Truth, though she may live at the bottom of a well, has an unpleasant habit sometimes of coming to the surface. Let us hope she will do so in the present instance.

But one result did follow from the before-mentioned visit of the Commissioner, which, as having a very important bearing upon the case, deserves more than a passing notice. It will be remembered that, if the Visitor did not interview Mrs. Grant-Smith, he at least interviewed the Medical Superintendent in the brief interval during which she went to fetch her diary. Before that happened, he had been inclined to listen to her, but, after his talk with the Superintendent, his attitude completely changed. He had heard the Superintendent's side of the question, and that satisfied him, or he acted as if it did. It certainly satisfied the Superintendent and the other Medical Officers, for they went away chatting and laughing like men who had been suddenly relieved of a great anxiety. And, if there had been any previous difficulty, a way out of it was now speedily found. Before he left, the problem of Mrs. Grant-Smith's complaints had been solved by the Visitor arranging for or sanctioning her transfer to another asylum, and, for all he knew to the contrary, *to conditions worse than those under which she was then suffering.*

A few comments on this method of simply transferring a troublesome patient to another asylum, as an effective means of burking an inconvenient enquiry

and silencing unpleasant complaints, seem to be required. Mrs. Grant-Smith has always regarded her repeated transfers to asylum after asylum as one of the greatest wrongs from which she suffered. It was done, apparently, without reference to any benefit the patient might be supposed to gain from the procedure, and without any recorded consultation with her friends, though this does not seem to be obligatory. It was simply the Asylum Authorities' way of getting rid of a nuisance. Whenever Mrs. Grant-Smith's complaints became too insistent and her demands for an enquiry into them too loud, she was simply bundled off to another asylum like a piece of luggage. This happened to her four times. That the change in this present instance proved to be decidedly for the better is beside the point. That concerns the motive or intention of the Lunacy Authorities or the Asylum Committee in effecting it. No doubt the latter found this way out of a difficulty very convenient, but that such a procedure should have been sanctioned, if sanctioned it was, by the Board of Control (for it is not evident with whom the ultimate responsibility lay, though in the case of both pauper and private patients it appears by Sec. 58 and 59 of the Act to be vested in the Board of Control) in place of the searching enquiry which it was their bounden duty to have undertaken, reflects gravely upon their sense of justice\* The Board of

\*NOTE.—It has been assumed in these remarks that the Board of Control is the responsible party in these transactions, whether it was one of their own body who was specially deputed to make the "investigation" above recorded, or a Lord Chancellor's Visitor. The necessary formalities regarding the transfer of a private or paying patient are somewhat vague in the Act, but it appears that the transfer in any case requires the sanction of at least one, and usually two Commissioners. What the powers of the Masters in Lunacy may be in the case of a ward of the Chancellor's Court I do not know, but in any case the above remarks would be applicable *mutatis mutandis*.

Control is appointed to protect the interests of the insane, and to safeguard them from injustice, and this is the sort of protection it gives. No doubt the powers of the Board are somewhat vague and ill-defined, and clash at times with those of the Local Authority, but they at least have the power, as well as the bounden duty, of investigating all cases of ill-treatment.

Though, as just stated, the transfer of Mrs. Grant-Smith in this particular instance proved in one sense to her advantage, in that it removed her from the scene of her worst sufferings, in another it had precisely the opposite effect, for it rendered even more difficult that examination of her charges of ill-treatment which she was demanding. And it is easy to see that, from the patient's point of view, the disadvantages of such a procedure must in most cases far outweigh any accidental advantages. For it might happen, as actually did happen to Mrs. Grant-Smith in the transfer following this, that, just as she had enlisted the sympathy of one of the Committee in her case, her transfer immediately nullified any good that might have come of it, and she had to begin the process of appealing for justice and interesting a new Committee in her favour all over again. For the Committee of one asylum has obviously no power or right to follow a case which it may think proper to be freed from certificates into another asylum—and so all the ground gained by the patient in one asylum

to them. For the Lord Chancellor's Visitors equally with the Board of Control are appointed to safeguard the interests of the insane under their care, and it would be an equal dereliction of duty for a Visitor to evade an enquiry which he was commissioned to conduct as for a Commissioner to do so. And the dereliction of duty would be all the greater in this case, as it was confessedly only by the disproof of Mrs. Grant-Smith's allegations that her insanity, and the justice of her continued detention, could be established.

would be lost in the other. Was any action more calculated to sicken with hope deferred the heart of one so unjustly treated? Surely it is to obviate such injustice that Visiting Committees are appointed.

I mentioned at the outset of this Introduction that Mrs. Grant-Smith was prepared to come before a Royal Commission and swear to the truth of her story. That is the case. As a matter of fact, she has already made an affidavit before a Commissioner for Oaths that her story is true in every detail. I have already stated my own conviction of its truth, formed as a result of many interviews with the author, and from my experiences of similar cases. But the question still remains, whether by any enquiry the truth can now be established. It is twelve years and more since the events recorded took place, and though Mrs. Grant-Smith has the names of all those nurses who figure in her story, both to their credit and discredit, it is unlikely that she will be able to get into touch with more than two or three of them. And of those witnesses with whom she could get in touch, how many are likely to corroborate her? By the actual culprits, could they be discovered and brought before the Commission, her charges would, of course, be utterly denied. The difficulty of proving charges of this nature at such a distance of time is in any case very great, but in the case of charges brought against asylum officials, it is incomparably greater. It is the hardest thing in the world to get asylum attendants and nurses to give evidence against each other, for, not only are many of them deeply involved themselves, but the fact that, though not actually guilty, they did not report the matter at the time, is in itself evidence of virtual complicity that would reflect great discredit

upon them. They could not give evidence against the real culprits without in a lesser degree incriminating themselves. There is, besides, an unwritten law among attendants in most asylums that anyone witnessing an act of ill-treatment should at once turn his back, so that, when called as a witness to it, he could deny having seen it. I have the authority of attendants themselves for this statement.\* The word of a patient is, as we have seen, seldom or never taken against that of an attendant, unless corroborated from quite unimpeachable sources. There are, of course, exceptions to this rule, but it is one of almost universal application.† The more brutal forms of ill-treatment are, of course, always inflicted without witnesses, except such as themselves take part in them, either in the bath-room or in single "cells"—though so callous and confident of their power are many male and female attendants, and so sure of non-discovery, that countless acts of minor brutality are perpetrated without compunction in the open wards or airing-courts. Such commonplaces as kicks and cuffs, arm-twisting, boxes on the ears, dragging female patients about by the hair, etc., and hosts of minor insults and injuries, are practised with impunity *coram populo*. But the grosser

\*Compare also *A Mind that found Itself* (Longmans) by C. H. Beers, p. 229:—"The professional thug-attendant who, where a fellow-attendant is assaulting a patient, deliberately turns his back, that he may say he saw no assault," etc.

†In proof of this statement take the following case, quoted in the 62nd Report (1908) p. 63, of the Lunacy Commissioners. In this case proceedings were taken against an attendant for ill-treating a patient. The evidence that the injuries had been inflicted by the defendant consisted of the sworn testimony of four patients in the asylum who were called as witnesses, *but, as no other attendant was present at the time, their statements could not be corroborated by independent testimony. Under the circumstances the jury declined to convict.* (Italics mine.)

brutalities which may and occasionally do lead to fatal results are, as a rule, practised in private and in association with kindred spirits who may be trusted never to split upon each other.

For all these reasons it is extremely difficult to bring home to the agents charges of ill-treatment in asylums, and this difficulty is rendered almost insuperable in Mrs. Grant-Smith's case by the length of time that has elapsed, and the probability, or rather certainty, that most of those incriminated will not now be found. It may be possible to bring forward other nurses who, though not actual witnesses of the facts recorded in this book, could report having witnessed similar cruelties in the same asylums, and could swear that Mrs. Grant-Smith constantly complained of having suffered them herself. Further, it must be remembered that a Royal Commission would have power to visit the asylums in question, and interrogate patients and attendants on the spot, some of whom may remember the author, and be able to corroborate her story by an account of similar brutalities. On the other hand, the usual number of interested officials will no doubt come forward and assert that such things could never by any possibility take place or have taken place in their asylums, and the Case Books will be produced showing, for what it is worth, that Mrs. Grant-Smith was "suffering from delusions," was "melancholic," "depressed," or what not, at the time indicated, after the manner of Asylum Case Books. As if, barring the fact of "delusions," with which I have already dealt, such treatment, if actually suffered, was not enough to make the sanest person melancholic and depressed! The two Commissioners who were recently interviewed by Mr. Davidson, even produced an official

document containing the words "still suicidal," as indicating that Mrs. Grant-Smith's original detention was justified by that fact, though it was given as "doubtful" in the petition, and there seems to have been no overt suicidal tendency at any time since. Not that it matters much. A "suicidal" tendency, or even an attempt at suicide, would be rather an indication of sanity than of mental unsoundness under circumstances so calculated to drive a patient to despair. *And it cannot be too often repeated that there is not the faintest justification for ill-treating a patient, whether suicidal or not.*

But, though it is unlikely that anything definite can now be brought forward against her actual tormentors, yet the steps taken to prove her story by the examination of all available witnesses, as well as its corroboration from many independent sources, would probably lead to such an overwhelming presumption of its truth in the minds of any impartial judges as would abundantly vindicate the necessity of such an enquiry as is here demanded. And it might have the effect of heartening the victims of similar cruelties to bring forward their own cases with better chance of success. For it must be remembered that Mrs. Grant-Smith's story by no means stands alone. If it did, I doubt whether I, for one, convinced as I am of its absolute truth, and shocking as the story is, would ever have brought it forward. But it is far indeed from standing alone. It is in fact only one out of scores of similar cases, some very much worse, which have been brought to my notice, cases which the victims are prepared to verify on oath. A book will probably see the light in the near future, which, like the present, is the story of a patient who underwent cruelties far exceeding those

recorded here, and implicating three asylums. The fact is that a volume might easily be filled with accounts of ill-treatment of a similar nature occurring in English, American and Colonial asylums, and doubtless in those of most civilized nations. The case has been taken up in Australia by Herbert Stead, in his own *Review* (Jan. 22 and Feb. 5, 1921), and in America by C. W. Beers, in *A Mind that found Itself*,\* and no one can read the heart-rending account of asylum cruelties depicted in these pages without realising that the whole question of Asylum Reform is indeed world-wide in its scope, and that nothing short of an entirely new attitude towards Insanity and its treatment will meet the public demand or satisfy the public conscience.

But, if these things are true, and it is my conviction that their truth will be abundantly proved in the near future, what are we to say of the incredible and indeed reprehensible ignorance exhibited by Asylum Medical Officers, Visiting Committees and Lunacy Commissioners, as to what goes on in the institutions over which they preside, and which they are, in two of the above cases at least, paid to inspect and control. A pamphlet has recently been published by the Mental Hospitals Association, which is the official body representing the Visiting Committees of Asylums, the subject of which is the immense "progress" (!) that has been made in asylum administration during the last 30 years, and in which the following words occur: "The cases of ill-treatment of the patients by the staff are so exceedingly rare that there can be no cause for appre-

\* NOTE.—This book is itself one of the most striking illustrations possible of the reliability of a recovered lunatic's evidence. Not a shadow of doubt has ever been cast upon the truthfulness of the author's account of the ill-treatment he suffered, and the story itself has been the cause of the most widely spread movement for lunacy reform that has ever taken place in the United States.

hension by friends of the patients on the subject." (p. 13).\* "No cause for apprehension"! It is difficult to believe one's eyes. That the authors of the pamphlet fully believe this statement, for, like Brutus, they are all "honourable men," is the most disquieting fact in the whole situation, and convincing evidence of the harm that may be done by the ignorance that parades as knowledge. If they had read a tenth part of the innumerable letters which I and the National Council for Lunacy Reform have received in the last few months from recovered lunatics, asylum attendants and nurses, and relatives and friends of patients, it is unbelievable that those words could ever have been written. They would deny the truth of such evidence, of course—it is so easy to deny what one does not wish to believe—but of what value would such denial be without any attempt at investigation? We, who have received and weighed this evidence, are far, of course, from saying that it is all true; but the statements made are in every case so circumstantial and convincing, and so strongly corroborate each other, that we say that, whether ultimately found true or not, they demand the strictest enquiry by an impartial tribunal, in order that the public mind may be definitely set at rest. That is why we have applied, and shall continue to apply till it is granted, for a Royal Commission, for only by such an Inquiry can the truth be elicited.

But there are many other matters of moment in Mrs. Grant-Smith's story besides the matter of ill-treatment. The story traverses at every point the

\* "Thirty Years' Administration of the Public Asylums in England and Wales," by the Mental Hospitals Association. Hodder & Stoughton, 1922.

whole system of asylum administration and raises questions of Lunacy Legislation of the greatest importance. I shall not deal with the legal questions involved, for these are dealt with at length and with great ability in the articles from *Truth*, which, with the editor's permission, I am quoting *in extenso* in the concluding chapter. But many questions of great interest, from a medical and psychiatric standpoint, are raised, some of which must be briefly referred to.

It will have been noticed that Mrs. Grant-Smith, who was suffering from a severe nervous breakdown as the result of her husband's tragic death, was advised by her relatives, and had herself agreed, to enter, as a voluntary patient, the first asylum mentioned in her story, for a "rest-cure." Knowing nothing about asylums and asylum treatment, but being acquainted with the medical superintendent of this institution, she fancied, as did at least one of her relatives, that after a few weeks of the "cure" she would recover the nervous and mental poise which she had lost, and be able to resume her place in the outer world. No expectation could have been more natural, but never were hopes so reasonable destined to be so ruthlessly shattered. The "rest-cure" she sought and hoped to enjoy turned out to be imprisonment in the company of raving maniacs. Her fate, indeed, was exactly similar to that of the lady who entered, as a "voluntary boarder," a well-known private asylum with the same object, and whose story was so poignantly described by herself in the *English Review* (May, June and July, 1920), under the heading of "Confined as a Lunatic."\*

\*NOTE.—As the Cheadle Asylum was not a Pauper Asylum, but a Registered Hospital for the reception of Private Patients, it seems obvious that Mrs. Grant-Smith entered this institution as what is called a "voluntary boarder," and that the paper which she was

The point with which I wish to deal here, and which both these cases illustrate, concerns the allocation of the newly admitted patient in most large asylums, whether public or private, and the disastrous consequences of such in incipient and nervous cases. All new admissions are placed on their first arrival in what is called, euphemistically, the "Observation Ward," i.e., the ward where they are under observation until their symptoms so far disclose themselves as to enable the proper classification and ultimate destination of these cases to be decided upon. Admirable as this sounds in theory, it has the most lamentable results in practice. Were there a sufficient number of "observation wards," and these sufficiently far apart from each other, no harm would be done, but much good. But in most cases the "observation wards" are all in the same block and used for all new cases indiscriminately.

called upon to sign on admission, but which she confesses she never read, was the prescribed form signifying the "consent" of the voluntary boarder to detention for a specified period. If this was the case, the fact to which she herself testifies, that Mrs. Grant-Smith was never informed of the right of any "voluntary boarder" to leave a Licensed House (and presumably also a Registered Hospital) "upon giving to the manager thereof twenty-four hours' notice in writing of his intention to do so" (Sect. 229 (8) raises issues of great importance. I say "presumably also" with reserve and under correction, but this seems to me the meaning of the Act (Sect. 229), as commented on in Fry's Lunacy Laws (p. 27), with reference to the admission of "voluntary boarders" into Registered Hospitals. If that is the law, then, in the fact that Mrs. Grant-Smith was not informed of her right under this section of the Act, the law was openly broken. In the case of the other patient referred to above ("Confined as a Lunatic") a similar neglect by the Asylum Authorities to inform her of this right is asserted, and is one of the main counts in her indictment against them.

The importance of this matter will be realized when it is remembered that the Mental Hospitals Association and the Board of Control are even now petitioning Parliament for legal facilities for admitting cases of early nervous and mental breakdown as "voluntary boarders" into Public Mental Asylums or into General Hospitals provided for the purpose with a Mental Department, where they can

The consequence is that the new-comer is frequently warded with the most acute and violent cases, for these symptoms are apt to predominate in the early stages of the disease, i.e., just at the time when he is most susceptible to first impressions and most liable to suffer from them. There is not the slightest doubt that many cases of incipient mental breakdown are rendered completely insane by the horrible sights and sounds thus thrust upon them on their first admission to the asylum. Both Mrs. Grant-Smith and the writer of "*Confined as a Lunatic*" have put on record the terror and bewilderment of those first awful weeks after admission, which frequently necessitate the employment of powerful narcotics and sedatives to enable the sufferers to procure any sleep or oblivion of their surroundings. The misery of drugging is thus added to their mental sufferings, and a habit

be treated without certificates, as is the case now in licensed houses and registered hospitals. On the face of it the proposition sounds innocent and well-meaning enough. There is, indeed, everything to be said for such a scheme, provided it is entirely dissociated from the Lunacy Authorities and the Board of Control. To make such Mental Homes for the treatment of incipient insanity mere annexes to, or "feeders" of, Public Asylums would destroy their usefulness at a single blow. Time enough when a patient is once certified to put him under the jurisdiction of the Lunacy Authorities. For his chief inducement to entering such a home would be that he was going as a mentally sick person to a hospital, not as a potential lunatic to an asylum clearing-house under the inspection and control of Lunacy Commissioners, and subject at any moment to certification behind his back. Can it be wondered at that the National Council for Lunacy Reform and all those interested in the preventive treatment of incipient insanity are setting their faces like flint against any extension of the power of Asylum Authorities and the Board of Control as at present constituted, demanding that Homes for the reception of early mental cases shall be conducted on the lines of our Voluntary Hospitals, and that those who enter them shall only be placed under the jurisdiction of the Lunacy Authorities when certification becomes necessary.

Another fact of the most sinister significance emerges in connection with this proposed new legislation. Readers of Mrs. Grant-Smith's

begun which is destined in many cases to have the most disastrous consequences, even if it does not lead to permanent insanity. For persistent drugging is as injurious to the mind as persistent bleeding was, in the old days of cupping and venesection, to the body. These facts may seem incredible to the ordinary reader, but they are entirely consonant with my own experience, and could be corroborated by sufferers from this form of mental "treatment" in all asylums of whatever description. Can we wonder any longer at the number of "asylum-made" lunatics, as evidenced by our low recovery rate?

That Mrs. Grant-Smith did not succumb mentally to this abominable treatment in the early days of her confinement speaks volumes for the original strength of her mental constitution, and is in itself evidence that, far from being a person likely to have gone out

story will have observed that this lady was not only immured with maniacs on admission to the asylum, and as a preliminary to her "rest-cure," but was *persistently drugged* as a means of quieting her when her sufferings from this cause became so acute that she could not sleep. It was in this *drugged condition*, when unable to think clearly or speak consistently, that she was, all unknown to herself, certified as insane by two medical men who were complete strangers to her, and who had never seen her *except when drugged*. The injustice of such a procedure baffles description. Yet, what is to prevent a similar occurrence in the case of those "voluntary boarders" over which the contemplated new legislation proposes to give the Asylum Authorities complete control? Were our whole system of asylum administration radically altered, and our treatment of mental disease approximated to our hospital treatment of physical disease, not much harm might result from making Homes for early mental treatment a part of our Asylum system, and putting them under the jurisdiction of the Board of Control. But to leave our asylum system untouched, and controlled by Lunacy Authorities that have no particular fault to find with it, and to include within its range of operations the treatment of incipient and uncertifiable mental ailments, is to court the very disaster which the proposed new legislation is designed to obviate; *i.e.*, it is to prevent, rather than to encourage, sufferers from early mental breakdown to apply voluntarily for treatment.

of her mind from grief in the first instance and to have needed the restraint of a lunatic asylum, she probably needed only that nerve-rest which she sought in order to have been shortly restored to complete mental health. That, in addition to this, she endured twelve years of misery more horrible still without becoming permanently insane proves that she had mental and physical stability of no ordinary kind. When there is added the further fact that, within a year of her discharge she was able to pass various exacting examinations and to set about earning her own living, I think most people will agree that the dictum of the two Commissioners that she "was mad during the time of her detention and is mad still" was not only harsh and cruel but utterly unjust and untrue. Better evidence of mental soundness during the whole period referred to it would be difficult to find.

If a case like this does not succeed in opening the eyes of the public to the horrible injustice which can be perpetrated upon a sane and defenceless woman under the ægis of the Lunacy Laws and in spite of all the vaunted improvement in our Asylum administration of which we have lately heard so much, it is difficult to know what will. I say deliberately "a sane woman," not as implying that Mrs. Grant-Smith was throughout sane, which I obviously cannot prove, but that her mental state would have made no difference to her treatment. That she was "melancholy" and "depressed," that she was "resistive" when unjustly treated and coerced, that she was occasionally quick-tempered and impulsive, is possible enough and far from unlikely. But that she was ever violent or deluded, or showed any symptom justifying her detention as a lunatic for twelve years, is contrary to all the evidence I have

been able to obtain. Not that it matters ; *for the question we are now dealing with is not her sanity, but the fact of her ill-treatment.* She certainly was not "dangerous to herself or to others," either on admission or at any time afterwards, and in this sense and this sense only is a person legally detainable by the common law of England in a lunatic asylum, as has been over and over again declared by many eminent judges. That she was "dangerous" in another sense both to Asylum Authorities and Lunacy Commissioners may have been true enough, for, as we shall soon see, she knew far too much for the prospect of her recovered liberty to be regarded with any equanimity ; but this danger they may yet find themselves exposed to when her case has been pronounced upon by a Royal Commission. Indeed, that this is often the reason why so many obstacles are put in the way of the discharge of patients with similar experiences to hers, and with unpleasantly long and equally accurate memories, who are in other ways quite fit for their freedom, is to my mind indubitable. Those who make continual complaints of ill-treatment run the gravest risks of being detained as lunatics for the rest of their lives, especially if the complaints are well-founded.

It was only by the merest good fortune that Mrs. Grant-Smith found in her last asylum a superintendent humane and interested enough to give her a chance of regaining her liberty by allowing her to take the opinion of two independent alienists, and even this friend and well-wisher was sure that her attempt would end in failure owing to the fixity of what he considered her "delusions of persecution." That he proved to be mistaken is to my mind conclusive evidence that she might have been released years before had her requests

for an independent examination been granted. On the other hand, it is equally probable that, had she not been transferred from the asylum which was the scene of her worst sufferings, she would have been a prisoner there still.

In proof of the above statements, I must now draw the especial attention of the reader to the manner in which Mrs. Grant-Smith obtained her release, for nothing shows more clearly the attitude of the Asylum and Lunacy Authorities, and at least one of the mental specialists consulted, to her case. With this object I would ask the reader to peruse very carefully the "opinions" of the two mental specialists quoted in the Appendix, which were the means of her regaining her freedom. Both specialists had been asked by Mrs. Grant-Smith to give an independent opinion as to her fitness for discharge. The "opinion" of Sir George Savage is perfectly clear and straightforward, and simply states, as it should, the reasons which determined him that she was no longer fit to be detained under certificates. The intention of Dr. Percy Smith's "opinion" is not so plain. Instead of confining his remarks to the patient's mental state at the time, and its bearing on the question of her discharge, the greater part of the document is taken up with the facts that seemed in his eyes to justify her original committal, and reflections upon her then mental state which such evidence as he had access to certainly did not warrant, but which he nevertheless saw fit to emphasize. Thus, he states that Mrs. Grant-Smith "acknowledges that she was artificially fed," thereby implying that she "acknowledged" she was so insane as to necessitate such treatment; whereas the truth was that she was so fed because she refused to take food which she had good

reason to believe was drugged, and which no doubt was drugged (see p. 74). Further, he states that Mrs. Grant-Smith "acknowledged that she was suicidal." This is a very equivocal statement, and leaves the reader in doubt as to whether the words imply that she was suicidal at the time of the interview or at some period not specified. Had Mrs. Grant-Smith been suicidal at the time, Dr. Percy Smith would obviously not have recommended her discharge. He must thus mean at some previous period. This is not only a distortion of Mrs. Grant-Smith's words but is in direct conflict with the evidence. It was distinctly stated in the "petition" that the evidence for a suicidal tendency was "doubtful," and there was certainly no evidence accessible to Dr. Percy Smith that this tendency had ever become actualized during the period of Mrs. Grant-Smith's incarceration. The most the lady had ever admitted saying was that she "did not care to live." There was no evidence at all that she had ever made any attempt upon her life before her admission or subsequently. Even if there had been such evidence, it was not, unless recent, relevant to the issue. All that Dr. Percy Smith had to consider was her mental condition at the time of his interview. The same criticism applies to his "opinion" as to the validity of her charges of ill-treatment. If he found, as he says he did, that she "could not be certified as insane," and "was not acting in an insane way," his opinion as to her charges of ill-treatment was quite uncalled for, and could only have the effect of discrediting any future statements she might make on this subject. From a careful study of the whole document, indeed, it seems that Dr. Percy Smith was far more concerned to justify Mrs. Grant-Smith's

original committal to the asylum, and her continued detention as a lunatic during the whole time of her confinement, as well as to safeguard the Asylum Authorities and the Board of Control against any possible proceedings which she might take afterwards, than he was to establish her fitness for discharge. That is made sufficiently clear from the concluding paragraphs of his statement. Though he confesses that "she could not now be certified as insane," he is apparently more concerned with what she might do with her liberty than with her fitness for it. Why? His words suggest the reason. He fears that she might "become litigious" and "at once make representations to the Commissioners and the Lord Chancellor as to her previous treatment, *otherwise* (italics mine) "it does not seem to me that she would do any harm." I may be mistaken, and have no wish to impute motives, but the language of the author leaves the unfortunate impression that he is thinking more of the reputation of the Asylum Authorities and the Board of Control than the justice owed to the patient? Here was a woman who for twelve years had been incarcerated as a lunatic in five different asylums, and who for at least half of that time had confessedly been only so confined because she had brought charges of ill-treatment of herself and others against the asylum officials, which the latter had characterized as "delusions." Mrs. Grant-Smith still maintained the truth of these charges, and had the courage to say that she would take any action she thought fit in the matter as soon as she was discharged. Dr. Percy Smith admits that he can find no symptoms of insanity present in her, and thus *admits by implication that such charges, which she still makes, do not constitute any ground of*

*mental unsoundness* : that is to say, he admits that the very ground upon which the Asylum Authorities and the Board of Control considered Mrs. Grant-Smith insane during a period of six years *was no ground at all* ! Yet he implies that the patient is still capable of doing "harm," the "harm" being apparently that which she can do to the "Commissioners and the Lord Chancellor" by promulgating the same charges outside the asylum which she maintained while inside, but with the important difference that she will now have some chance of getting them listened to. His words almost suggest the inference that, on these grounds alone, he regards Mrs. Grant-Smith as "dangerous," even if not certifiable. This is the first time I have seen it implied (and by a leading consultant !) that the "harm" a discharged lunatic might do "to others" includes the "harm" he could inflict on the Lunacy Authorities by charges they might find it difficult to meet, even though the possibility of such a result could not be held to justify his continued detention. That such an "opinion" should be forthcoming from an independent (!) alienist, appealed to by a woman at the crisis of her fate, leaves on any fair-minded reader an impression of painful surprise.\* But it is entirely in keeping with the treatment meted out to Mrs. Grant-Smith by various Lunacy Commissioners during her years of detention (see p. 121). It was even shared in a fashion by the superintendent who ultimately discharged her, and who refused to consider her "normal" as long as she made charges "too terrible to be believed." It was apparently so much easier to disbelieve them than to disprove them.

\*It may be objected that this was a private "opinion," addressed by one mental specialist to another. But this can hardly be, as it was paid for by Mrs. Grant-Smith herself, and thus became her property.

It is this attitude on the part of those who are appointed to be the legal guardians and defenders of the insane, quite as much as the ill-treatment to which Mrs. Grant-Smith was subjected, which, unless I am greatly mistaken, will produce the greatest uneasiness in the public mind. If the insane cannot look for justice and complete impartiality on the part of those who are appointed to defend them against illegal detention and cruel treatment in asylums, to whom can they turn? Mrs. Grant-Smith's case, like that of many similarly situated, proves only too clearly, as I have all along maintained, the absolute legal helplessness of the insane, should those to whose care they are committed, and to whom alone they can look for redress, refuse to exercise the powers entrusted to them by the Legislature, and ignore evasions and violations of the law which they have solemnly pledged themselves to administer justly (Sect. 151, Schedule I).

But this story, told so simply and pathetically in the following pages, does not only prove how enormously difficult it is for a sane person under certain circumstances to get out of a lunatic asylum, but how extraordinarily easy it is for such a one to be sent there. Let the reader carefully read the medical certificates under which Mrs. Grant-Smith was committed. It is monstrous, and seems hardly credible, that two medical men who had never seen the patient before in their lives, in the course of interviews lasting probably not more than a quarter of an hour in either case, and when the patient unknown to themselves was dazed with drugs and quite ignorant that she was being mentally examined, should be able to sign away her liberty on evidence so legally flimsy and medically inadequate as the certificates disclose. On grounds so

slender no magistrate would have sentenced a prisoner to a week's imprisonment. Yet such evidence sufficed to deprive a woman of her liberty for over twelve years. Nothing can prove more clearly than such a case the necessity of so altering the law regulating certification as will render such abuse of it impossible. No medical man, unversed in psychiatry, or who does not hold a diploma in psychiatric medicine, should be allowed to sign certificates of lunacy, or, failing such a radical alteration of the law, no lunatic should be certified such except after examination in private before a judicial authority, with the advantage of legal aid, if necessary.\* And every lunatic so certified should have the opportunity of seeing and challenging the evidence upon which he has been committed. As the law stands at present he can only see this evidence after his discharge, when it is practically useless.

In the same way no case shows more conclusively the urgent need for the establishment of mental homes for the treatment, without certificates, of cases of early mental breakdown. Had such existed there would have been no need for the committal of Mrs. Grant-Smith to a lunatic asylum by her relatives, who no doubt acted with the best intentions. It is true that she walked into the trap in this instance of her own accord, but there seems little reason to doubt that, had she not done so, her relatives would not have found it so easy to enforce what they obviously considered a wise and proper step. Whatever an unprejudiced outsider may think, Mrs. Grant-Smith at least has never at any time doubted that her sister and brothers

\*There is a provision made under the present Act for such an examination in certain contingencies, but this provision seems to be systematically evaded (*vide* the second of the *Truth* articles).

(both of whom were medical men) acted throughout for the best, though there were circumstances connected with the petitioner's conduct in the first place which might well strain such a belief to breaking point.\* One fact, however, stands out with great clearness in this connection. It is the imperative necessity of so altering the law that, when once a person has been placed in an asylum, it should not be left to the petitioner to act as the sole representative and trustee of the patient's interests outside the ordinary legal and administrative channels, but that a guardian, similar to the Committee of the Person in Chancery cases, should be appointed to each patient, to whom he might have access and the right of appeal *as away from the petitioner*, in case, as so often happens, the latter should abuse his trust, and act no longer in the best interests of the patient but against them. Many and many a patient, fit for his discharge, has been detained in an asylum because the petitioner, for private reasons, has refused to have him out and be responsible for his maintenance and behaviour. Only the other day I was consulted by a lady who was most anxious to get her father out of an asylum, and who was willing and able to maintain him, but whom the asylum authorities refused to discharge, because his wife, who was the petitioner, and who was living with another man, opposed it. No doubt there are means provided in the Act by which such wicked selfishness can be frustrated (as under Sect. 49), but one can realize only too well the difficulties which could be placed in the way by clever and unscrupulous persons. Had Mrs. Grant-Smith possessed a Committee of the Person, apart from the petitioner, who could have espoused her cause and

\* *Vide* the first of the *Truth* articles.

fought her battles, there is no doubt she would have regained her freedom long before she did. The relatives of anyone confined in an asylum are by no means necessarily his best friends; they may often be his worst enemies, actuated more by the desire to avoid publicity and a family scandal than by a love of justice and humanity. The number of people detainable in Public and Private Asylums because their friends "refuse to have them out" is a disgrace to a civilized and law-abiding community. It should be made impossible.

But it is time I brought these preliminary remarks to a close, and introduced the reader to the story itself. Enough has been said to prove the truth of the contention expressed that the story exposes at every point the most salient defects in our Lunacy Legislation, and is an epitome of the abuses that can be perpetrated under our present system of Asylum Administration. I will enumerate the facts already indicated:

- (1) The inadequacy of the grounds upon which Mrs. Grant-Smith was certified insane and committed to the asylum.
- (2) The injustice of her continued detention.
- (3) The ill-treatment meted out to her and other patients in three out of the five asylums in which she was confined.
- (4) The fruitlessness of all her appeals to have her complaints of such ill-treatment adequately enquired into.
- (5) Her repeated transfer from asylum to asylum, with or without the consent of her relatives, and with the result of burking the enquiry she demanded and of silencing her complaints.

(6) The refusal of the Lunacy Authorities to re-open the case since her discharge, on the ground that she was "still mad and suffering from delusions."

There is only one more point with which I need deal. Should this case be enquired into by a Royal Commission, and the truth of Mrs. Grant-Smith's statements sufficiently vindicated, the question at once arises as to her claim to compensation. There are two counts to this claim, the count of unjust detention and cruel treatment. Even if the justice of her detention is admitted, and no claim for compensation is valid upon this ground, it seems to me that a claim on the ground of ill-treatment cannot be so easily disposed of. I am ignorant of the law in this matter, but surely Mrs. Grant-Smith has a legal claim for compensation against those who were responsible for her ill-treatment and for the permanent injury thereby inflicted upon her health, *whether she was sane at the time or not*—a claim which is still valid. I am also ignorant what powers, if any, the law confers upon a recovered lunatic of prosecuting, after his discharge, those who had ill-treated him while in the asylum; but, whether she has this power or not, Mrs. Grant-Smith has no wish to exercise it.\* But a claim to compensation she

\***NOTE.**—Since writing the above, I have been reminded by a legal friend that any claim for pecuniary compensation which Mrs. Grant-Smith might have possessed in these two respects is now invalid through lapse of time. The Lunacy Laws enact, says my authority, that "any action brought by any person who has been detained in a lunatic asylum against any person for anything done under this Act shall be commenced within twelve months next after the release of the party bringing the action. If the action is not brought within the time limited for bringing the same, the judgment shall be given for the defendant." I have not been able to verify the section of the Act which so pronounces, but, if this is the law, it is manifestly unjust. Circumstances might easily arise which would

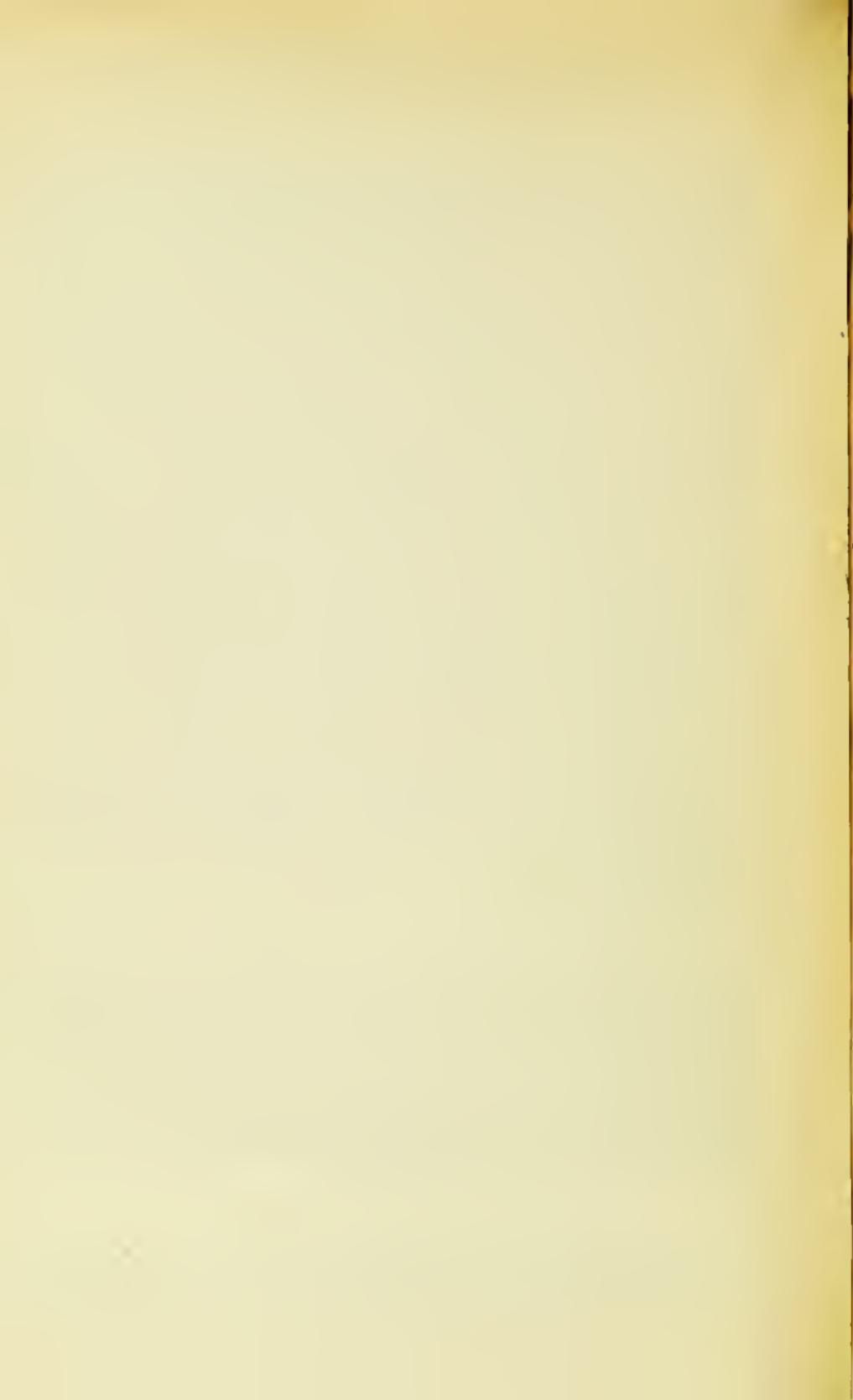
does put forward, if it can be sustained, and if she satisfies her judges that the statements upon which she makes her claim are true. And obviously, as a matter of justice and in the interests of those who may be similarly situated and treated, it is only right the claim should stand. Asylum authorities would be at far greater pains than they are at present to see that no case of ill-treatment takes place in their institutions were they liable to be prosecuted and mulcted in heavy damages should the patient so ill-treated recover and be able to establish his case in a court of justice. And a claim for compensation should be equally valid for unjust detention as for cruel treatment. It is monstrous that any person confined for twelve years in five different asylums, who can prove unjust detention due to neglect for any period, should be unable to obtain pecuniary damages. If that is the law it is high time it was altered.

The reader is now in a position to judge for himself at first hand the truth or falsehood of the story to be set before him. Though it will naturally be impossible for him to dismiss from his mind the fact that the author was detained in a lunatic asylum, let him ask himself how far, independently of that fact, the story appeals to him on its merits as a plain unvarnished record of actual occurrences. Let him admit that if, as is certainly possible, a person, sane or insane, can be ill-treated in an asylum, it is in some such simple and convincing way as this that he might be expected

prevent a newly discharged patient from bringing an action within the time specified. In Mrs. Grant-Smith's case such circumstances did arise, as it was much longer than the required twelve months before she regained control of her property. And even then she could only have defrayed the necessary legal expenses by selling out a portion of her small capital.

to write when he came to relate his experiences. But let him always remember that the question is not now as to the sanity of the author during the period of her detention, *but as to the fact of her ill-treatment, and to the reliability of her evidence of this fact*, even though it could be proved that she was not altogether sane at the time she made her complaints. One of the purposes of this book is to raise a presumption of the reliability under certain circumstances of even an admitted lunatic's evidence, an admission, in Mrs. Grant-Smith's case, which I personally am not concerned to make. But, even making this admission, I still maintain that this record of the treatment which the writer of the book underwent bears on the face of it evidence of unmistakable truth, and this conviction will, I believe, be shared by the majority of those who read it. In any case, I have no doubt at all that everyone will agree that the allegations made in it have so great an appearance of truth and raise issues of such vital importance to our common humanity as to demand the most searching and impartial enquiry.

NOTE.—The subjoined story, which was taken down from the author's lips by her friend, Mr. Hugh Davidson, is printed, with certain omissions and condensations, in practically the exact form which she herself gave to it, and bears throughout the impress of her own style. It is thus a fair index of her character and mental capacity. My own part has been confined to passing the book through the Press, and making such verbal corrections as were required by literary and grammatical considerations. The author makes no claim to the art of literary composition. But no single fact has been added to or altered.—ED.



## THE EXPERIENCES OF AN ASYLUM PATIENT

MY father was a well-known barrister, who lived in James Street, Buckingham Gate, in which house most of my girlhood was spent.

As far as I can trace there has never been in my father's or mother's family any case of insanity.

I have always enjoyed a sound mind in a very healthy body, and have not at any time had any symptoms of nervous or mental disease. I have lived the ordinary life of a normal woman, taking a great interest in every question of the day.

I first met my late husband, Martin Grant-Smith, at James Street, Buckingham Gate, in the year 1878, and was married to him in the year 1881, and went to Clown, in Derbyshire, where we remained until 1883, and where my husband managed a branch practice for Dr. Elsom, of Whitwell. After this we settled at Droxford, in Hampshire, in the year 1883, near by my husband's relatives, who lived at Fareham in the same county. My husband's father was vicar of Trinity Church in that town.

My husband was in practice at Droxford until the year 1891, when he sold it to Dr. Godwin, and having bought a house he started practice in Didsbury. After working there for over three years, we left, the climate not suiting me, and finally settled at Redbourne, near St. Albans, where we lived until the death of my husband, in the year 1900.

I have written down that which I have personally suffered, and have seen others suffer, in the sincere hope that someone in authority will institute an

enquiry of a public character, before which I may be called as a witness in conjunction with those whom I shall subsequently name.

I am actuated by no malice in spite of my twelve long years of incarceration, but I think I have a right to demand that an opportunity should be afforded me to establish the truth of my accusations and for clearing my name of the undeserved stain of lunacy. In common with the rest of humanity I feel I am entitled to such elementary justice, but, unless a full investigation of my statements before a properly constituted tribunal is granted me, I cannot obtain it. It was because of the statements always, as now, adhered to by me and constantly made to the doctors, matrons, nurses, the Visiting Committees, the Commissioners in Lunacy, the Lord Chancellor, and my brothers who visited me, that I failed, in spite of constant efforts for years, to obtain my release. Though these were used against me, there was never at any time (other than by the usual perfunctory enquiry) the slightest attempt made to investigate the truth of my allegations; and the sole result of my efforts to acquaint the authorities with the terrible acts of brutality which so frequently occur and did occur, not only to me but to others, was to consign me to a longer term of incarceration than I should otherwise have undergone, and to visit me with the punishment of the refractory ward and other penalties.

Once tainted with a certificate of madness, every statement made by the so-called lunatic can be characterised as a further sign of his or her unsoundness of mind. This is the vicious circle in which I lived and which kept me a prisoner for so long. My brothers were so deceived. I was even informed by one of them that, as long as I continued to make such statements and

accusations, I should never obtain my discharge. This is the same advice and warning also given me by fellow-sufferers in asylums. I mention this to show that if it is difficult for individuals when tainted with the name of "mad" to obtain any credence from their relatives, how much more impossible is it for them to expect attention to their complaints and allegations from those in whose charge they have been placed, and who, in the natural absence of that special feeling for a particular patient which relations must have, could only regard any statement made by such patients with prejudice.

I must now return to the year 1900 and the death of my husband while in practice at Redbourne, as it was the commencement and origin of all my subsequent misfortunes and misery.

Though the circumstances attending his decease are, as the narrative will show, terribly painful, I will, in spite of my natural disinclination to recall my great sorrow, relate in detail the sad story. In opening once again so tragic a chapter in my life, I am comforted by the thought that the history of his end will in no way detract from his memory in the eyes of those who admired him and called him friend. The enumeration also of so much intimate and detailed matter will, I hope, assist in confirming the impression that I am not a person given to romancing, or that I am suffering from an impaired intellect, and also that (as has been since said of me by Sir George Savage) I possess "a memory good and exact."

Prior to his death, my husband had been suffering from repeated attacks of influenza, until, as he informed me, they had become chronic. I had noticed for some time he had become depressed and he told me he was

dosing himself with morphia. I had before this asked him about the opium he had been in the habit of taking, but he assured me it did him good and that he took it as a medicine. On this morning, May 26th, 1900, he went out directly after breakfast and did not come back to lunch. After lunch, some relatives of mine called, whom I begged to wait, as I thought he would soon be coming in. However, at length they had to leave, and I and my nieces, who were then staying with me, went out into the garden. After a short time I came indoors and went upstairs, and was wondering if we could go out for a walk, when I had a message that someone wished to see me ; I sent word that the message must be left, but was informed it was too urgent.

I was told that my husband was lying unconscious at the Railway Inn, and, complaining of feeling ill, had asked to be allowed to lie down, and that later on they had gone up and found him unconscious. I guessed at once that he must have taken too much morphia, and hurried to him, taking with me his little book "*Tanner on Poisons*," as he had told me that in it I should find the proper treatment to adopt if he ever were too far off to be fetched immediately when required for such an emergency.

When I got to the inn I was taken up into a little room and there found my husband unconscious as described. I ordered some mustard and water to be got and managed to raise him up into a sitting position on the side of the bed, and to administer it. As this failed to act I sent for my husband's stomach pump and endeavoured to use it, but in spite of the assistance of the chemist whom I sent for I was not able to utilise it for the purpose. I got someone to assist me in moving him about. There was only a very aged doctor, Dr.

Ayr, in the village besides my husband, so I telegraphed to Dr. Steele, of Hemel Hempstead. As he did not come (he had misunderstood the telegram) I ultimately sent asking Dr. Ayr to come, which he did, and he did all he could. I also telegraphed to Dr. Boys, of St. Albans; finally he and Dr. Steele both arrived, but were only able to inform me, what I had feared to acknowledge to myself, that my husband was already dead. Dr. Ayr gave the death certificate, certifying death from heart trouble, but two days later I was informed that there must be an inquest; also a post-mortem was necessary.

Throughout the whole of this period of shock and grief, I continued to attend to all the legal business and other matters incidental to the death and the sale and winding-up of the practice. But, as soon as I had leisure to think, I was overwhelmed by the tragedy of it all, and suffered from the inevitable nervous breakdown. In the above account I have purposely given only the salient features, but I hope to convey the impression that, if my memory for events of fourteen years ago can be trusted, it is even more likely to be reliable in regard to more recent incidents.

The terrible circumstances connected with my husband's death plunged me into a state of profound grief, and the intense shock I had received threw me not unnaturally into a state of depression which I found very difficult to shake off. I felt ill, and, thinking it necessary to take medical advice, consulted Sir James (then Dr.) Goodhart, of Portland Place, W., on July 2nd, 1900. During the consultation he informed me that, though I had suffered such a severe shock from which it would take me months to recover my health, there was nothing wrong with me which need cause any anxiety. He advised me to remain with my mother,

where I had gone to stay, with whom he was acquainted, and said that in a short time I should begin to feel quite different, and would wonder how I could feel as I did then.

I began to feel much better, but it was then thought it would be good for me to go to my married sister in the Midlands. It was so good for me being with my mother that I went reluctantly, feeling sure that I was not strong enough to be in a house where there was much more entertainment than I was used to. Still, I went, and, most unfortunately, on the journey was told something which distressed me so very much that it would have been better for me never to have heard it. As I was much upset, my married sister, who was all kindness to me, after about ten days thought I should be better away at the sea. She knew of a nurse at St. Anne's-on-Sea, and I stayed there for three weeks. This was a very unhappy time to me, it being the first time in my life I had ever been entirely separated from my relations. Feeling no better, I, on consultation with my relatives, agreed to try what a nerve rest cure could do for me, and on the advice of my brother I said I would go to Cheadle Royal Asylum.

I travelled with a nurse from St. Anne's and met my sister and brother at Manchester. It was good for me being with my people, and more especially, I think, being without drugs. I had been kept under their influence while at St. Anne's. I felt hungry, and my brother said we would go and have a real good lunch, which we did. On the way to Cheadle as we were driving from Didsbury Station, my brother tried to cheer me and told me he was sure I should only need a fortnight at Cheadle Royal, to rest and get drives, and be cared for by doctors who were my husband's friends,

and so certain was he that he said "I will make a bet of it," which he did, and entered it in his pocket-book. If that book still exists it is there, half a crown to a hayseed.

On arrival at the asylum, I was presented with a paper and asked to sign my name to it, to which I demurred, not having had time to read it. I then felt so much better—in fact better than I had done ever since my husband's death—that I said I would like to go away home with him, but my brother told me that all arrangements had been made, it would be right for me to stay, and that it would only be for a short time; so I signed the paper, which I was assured was only a form, to say I was willing to stay there, and then I had to say "good-bye" and be taken away. I have never seen one of these papers, but fully believe it was as I was told.

I still fancy I can see and hear that door shut behind me and how I said, "Let me speak to them again," and being told by the doctor "No, it is too late." As a little child I was really ill once from home-sickness, though then I did not realise what made me ill. I thought I was dying, and remember being told I could be cured in a minute, and, my small mind doubting this, my surprise was great when I did actually recover on being told the carriage was coming to take me home. I mention this because I am certain that this separation helped to depress me, though, naturally, had I not been drugged, I should as a sensible woman have been able to reason with myself.

Shortly after—I see by papers which I now have that it was August 14th, 1900, three weeks after I had entered the asylum—I was visited by two gentlemen who came up and spoke to me at separate times in the

garden of the Asylum. I did not then know who they were and regarded them as some kind of official, nor was I informed, nor had I the slightest suspicion that these gentlemen, as I imagine now was the case, were employed to certify me insane. Had any hint been given me of their intent, I would not only have refused to be interviewed, but would have left the institution which I had entered of my own free will as a paying patient. It was not until years afterwards that I fully comprehended the situation into which I had been led, and not until after years of struggle (when I had obtained my release) that I discovered who had caused my detention. I give in the Appendix the petitions and certificates which procured my incarceration, as they call for a thorough examination.

I give these certificates as it is only fair to those concerned in obtaining them that there should be no concealment of the truth. But, in justice to myself and in the sincere hope that my terrible experiences may bring about such an amendment of the Lunacy Acts as will render impossible a similar infliction on future unfortunates, I claim my right to analyse in detail each certificate, and to point out the danger to which every grief-afflicted woman may be exposed.

It will be noticed that my sister is petitioner. When I first saw the certificates this appeared extraordinary to me as I had six brothers living at the time, two of whom were medical men living in England. I have, however, since learned from my lawyer that it is the ordinary procedure, when the person certified is a woman, for a mother, sister or a female relative to be petitioner. So, as I now understand that my mother was unwilling to assume it, this duty, which I fully believe was most disagreeable to my sister but which the

Lunacy officials had advised as necessary, fell on her. Throughout all these proceedings I can see that my relatives believed it was right for them to place implicit confidence in all the Lunacy officials said and to do all they advised, as in reality it would be if officials did their first duty.

Dealing with the "Order of Reception," in which the magistrate says, "And I declare I have not seen the said Rachel Grant-Smith," it is shown that he is not bound to interview the person whom he is assisting to consign to what may prove a lifelong term of imprisonment. It seems to me that, for the sake of humanity, these very wide powers should be curtailed, and that, at the very least, the prisoner should have the right of being brought into the presence of his judge before being sentenced.\* In connection with this matter it does seem a very amazing fact that an honourable body of men like our bench of magistrates should consent without verification to sign documents which, on the face of them, involve serious consequences to a fellow-being. Many of them must frequently feel very grave doubts as to how far they may have contributed towards the infliction of a great wrong, and, even though consent is made obligatory by the Lunacy Act, they should refuse to lend themselves to this very automatic rôle and insist on their right to interview the alleged lunatic and form their own judgment.

My sister and my brother can bear witness that I entered Cheadle Royal Asylum quite voluntarily and in the complete consciousness of what I was doing, and after a full discussion with them as to the state of my health, which I was assured would be restored in a few

\*NOTE.—I have since learned from the editor of *Truth* that there is this right, though, when a patient is certified as I was without knowing it, there is no possibility of using it.

weeks. I even said I would go to this particular asylum because two of the doctors there were known to me personally as friends of my husband's, and because I myself had known something about the asylum when living at Didsbury. Is it therefore likely that I would knowingly and of my own free will have assisted in procuring for myself what in the event nearly proved a lifelong sentence of imprisonment ? I had no knowledge that there was any intention to certify me insane, and was never informed of it in any way, and I most emphatically protest against any such power as the Law sanctions being given to any magistrate until his probable victim is granted full information of what is impending, and an opportunity of defence. Liberty of the subject is so sacred that no magistrate should be empowered to write : " I hereby authorise you to receive the said.....as a patient into your Asylum, and I declare I have not personally seen the same....."

Even the lowest type of criminal is entitled to a hearing, and, if too poor to pay for a defender, can have one appointed by the Court ; and whatever sentence be imposed it is capable of being revised. Why, therefore, should not the same justice be extended to those who it is thought are deserving of confinement in an Asylum ? Ought not the alleged lunatic to have the right to say, " If you think me mad, let me have the opinion of some specialist in lunacy " ? Even supposing the specialist advises some detention, would it not be safer if such were only permissible for some short probationary period, and as a preliminary to subsequent investigation ?

In my sister's Petition and Statement of Particulars appear the facts which are intended to supply the

magistrate with reasons for the proposed action, and for justifying him in making the Order for Reception ; and yet, from beginning to end, the Petition contains not a single suggestion of unsoundness of mind. Apart from the mere statement that there was an attack " lasting three weeks," there cannot be found a particle of evidence to justify the magistrate in signing the Order for Detention. It is true I was suffering from grief, but it is allowed that I was " not dangerous to others " or " suicidal," nor, from my family history, was I likely to be either. Is it not therefore apparent that, before accepting such a one-sided statement and signing an Order for Reception, a magistrate should be bound to hold an enquiry? Had he done so he would have discovered that the seemingly first-hand evidence upon which he was acting was in truth nothing but hearsay evidence from Lunacy officials, as my sister had not seen me from the day when I left my mother's house early in July until she visited me at St. Anne's on August 4th—nearly a month. He would also have found out that I had been staying with a nurse and had consulted Dr. Knight at St. Anne's who had given me narcotics for the sleeplessness which grief and distress had caused. Is it not more than probable that, had the magistrate consulted these two independent witnesses, he would have taken their evidence as to the nature of the " three weeks' existing attack "?

See again, what an enquiry would have done for me as regards another " form," required " When neither Certificate is signed by the usual Medical Attendant." The necessity for this form was founded on the plea that my husband always attended me for slight ailments, and he was dead. But an appearance before the magistrate would have given me the opportunity of

showing that I had consulted Sir James Goodhart, of Portland Place, about a month before going to Cheadle Royal. This fact in my estimation should have been known by the magistrate, and this form should be modified to contain the following question : “ Has she (or he) been recently attended by any medical man ? ” For the most infinite care is necessary, and nothing should remain unknown, because, as I shall subsequently show, it is quite easy to get into an asylum, but terribly difficult to get out.

I now come to the certificates of the two doctors, and I cannot think that even the most exacting minds could regard the reasons they give as sufficient grounds for considering my mental state as unsound, and myself as requiring restraint.

Combined, their verdict is :

1. That I was “ melancholy and depressed,” a not unusual symptom for a widow to present who had recently lost her husband under peculiarly sad and tragic circumstances.
2. That I only “ spoke with reluctance ” ; again, a not unusual symptom in the case of a person overwhelmed with grief and naturally disinclined to converse with anyone at such a time, more especially as I was not in the habit of conversing with strangers. I can also say here that, when these gentlemen interviewed me, I was not in a fit state to be examined at all. While at St Anne’s and after I entered Cheadle Royal up to August 14th when these doctors certified me (a period of quite three weeks), I had been kept under the influence of sleeping draughts which had been given me every night. In fact, I never felt free from their effects all

day long. Is it wonderful, therefore, that I spoke with reluctance, and is it fair or right to ascribe to my mental state symptoms which were largely the product of the drugs administered?

3. That "she had no desire to live, and was tempted to poison herself as it was no use living." This is not true, as I did not say I had "no desire to live," but, as the doctors continued to press me on the subject, I said I had sometimes thought there was not much use in my living—a very different statement.
4. "She was afraid to go out, as she was constantly followed by a number of people who were watching her, and she did not know what reason they had for doing so." This is fully accounted for by my drugged state, because I am so hypersensitive to narcotics that the smallest dose always produces this particular impression of being watched and followed, and I can call a medical man who knew this for a fact about 29 years ago.

Does it not seem monstrous that upon such slender grounds as the above I should have been made to suffer twelve years' imprisonment, during which time I was deprived of any chance of appeal against my sentence? Was I "a danger to myself or others"? "No," says my sister in her Petition, and she had known me all my life, while these gentlemen had only given me the usual 20 minutes of their time. What possible justification can there be found then for consigning me on this evidence to an asylum at all? By the death of my husband I had lost all that was near and dear to me, and, not having any children, I possessed nothing to make life attractive, nothing to bind me to existence except my relations. What wonder, therefore, even if I had

expressed myself as having "no desire to live," and as "tempted to poison myself"? But without some evidence of a deliberate preparation for, or an attempt at self-destruction, which is certainly not shown on the face of the Petition, it is amazing to think that the unguarded expression of a grief-stricken woman should be held to justify putting her under restraint. If such declarations of sorrow are considered evidence of unsoundness of mind, it would be difficult for any mourner to escape suspicion, and our asylums would soon need enlargement. These doctors cannot expect me to agree with their judgment, or not to think that, on evidence so slender, I was at least entitled to the benefit of the doubt. Though doctors might not welcome my suggestion, I also think that the Lunacy Acts should order and give them opportunity to keep in touch with all doubtful certificated cases, thereby enabling them to reconsider and possibly reverse their first impressions. In all these Lunacy Certificates, the effects are so momentous and the time taken for arriving at a decision is so short, that, unless the doctor be a specialist in mental diseases (which he seldom or never is), he ought to have the power, and the patient the benefit of a revised judgment. In theory, the patient is supposed to obtain this advantage in the asylum, but in practice, as I have found to my cost, once ticketed "mad," it is well-nigh impossible to remove the impression. The truth of this statement will be subsequently shown when I recount my utterly useless efforts to convince my relatives that the frequent brutality to which I was subjected had any foundation in fact; because, having once been certified as "mad," I found it impossible to make them believe that any complaints I made were other than the delusions

of a diseased imagination. If I could not convince my relatives, that is to say, those who would be naturally expected to look after my well-being and were appointed for that purpose, how could I hope to convince a Lord Chancellor and the official bodies controlling all Lunatic Departments? And yet all that I have seen and experienced is grievously and painfully true. But once a person is labelled "mad," "lunatic," or "of unsound mind," then the prevailing attitude towards such alleged lunatic is that of "poor thing, still suffering from delusions!" and thus a further excuse is offered for continued detention, with most probably increased stringency.

I do not know what the reports of the Superintendents of the various asylums I have been in would show about me, but I can give the names of many nurses who told me, as did Doctor Sampson, that they had never seen me do or heard me say one unreasonable thing. But it seems to me that the strongest presumptive evidence in favour of my complete sanity during the whole period of my incarceration is to be found in the fact that, though I was placed under control when torn with grief and enfeebled by melancholy, yet despite of brutal treatment, painful scenes, and depressing surroundings, I never once lost grip of myself. That I have survived it all without going raving mad will (unless an absolutely normal, healthy brain cannot be affected) ever seem to me almost a miracle, and the report of Sir George Savage (which obtained me my release), that he "failed to discover any symptoms of mental disorder," and that "her memory is good and exact," will for ever show what horrors a woman is capable of undergoing without losing her mental balance.

This report of Sir George Savage I shall give in full later on, but his words, "her memory is good and exact," are a strong testimony to my veracity, and should be borne in mind when I relate my experiences in the various asylums in which I was confined. I emphasize this because, though I have called the attention of the Lord Chancellor, Lunacy Commissioners, Visiting Committees, Doctors, Superintendents, Matrons, Nurses and my brothers to the brutal treatment which I suffered and witnessed, I have never been able to obtain the faintest credence for my statements, and always had them designated as the delusions of an unsound mind. But, now that I have been shown by the testimony of one of the great mental experts to possess a "memory good and exact," I shall hope that my testimony will no longer be doubted. I will now proceed with my story.

As previously stated, I entered Cheadle Royal Asylum voluntarily, and on my brother's advice, at the beginning of August, 1900. As I have already shown, during my journey and just previous to entering this hospital, while free from narcotics and in the society of my relatives, I was in better spirits and felt happier than at any time since my husband's death. It is impossible therefore to avoid the thought that the treatment and surroundings proved in my case far more detrimental than beneficial.

I was shown into a very pretty little bedroom. It was a bright and pleasant room, having only one bed in it, and I felt relieved to think I could be quiet, and by myself here, for it was quiet I longed for and rest.

However, I had not then learnt asylum ways, for this room was not for me, but simply to show me on

arrival. Precisely the same routine is gone through in all of these mental prisons, at least in all I was put into. I had some nice tea brought me, and after tea, when I was sitting out in the corridor, one of the two Companions (both very nice ladies) came out and said, " You would like to go to bed," in which I acquiesced and walked towards what I thought was my bedroom, only to be told, " No, you will have another bedroom, which I will show you." I went with this lady upstairs and she proceeded to look into room after room, only to be told by a nurse at the door that there was not a bed. I still remember my desolate feeling, that I was in a place where I counted for so little that there was not even a bedroom ready for me. At the door of one room a nurse with an exceptionally loud piercing voice shouted, " No, take her away, we don't want her here."

Finally, I was placed in a dormitory with nine or ten others, and was so stunned and horrified by their eccentricities and antics that I hardly dared lift my eyes, for fear they might encounter the gaze of one of these afflicted creatures. A light was kept burning all night long, and what with this shining in my eyes, and what with the constant fear of those around me and the shouting of one frenzied woman which lasted for hours, there was no sleep for me that night. To these unaccustomed and terrifying conditions was added a new torture, a mental one it is true, but none the less real to the sufferer.

I felt all the time at Cheadle Royal that I was being made ill and that it was the place and treatment that was doing it. I did not appreciate then to the full how very bad it was for me to be drenched with sleeping draughts every night—awful tasting, horrible, kind of

bitter, sickening, salt stuff. They made me sleep just a few hours, but they made my nights and days so horrible that I used to long that they *might* make me go mad, for I had an idea that mad people knew nothing and felt nothing. All day long a feeling of lassitude and weariness oppressed me, taking away all inclination either to think, or work, or talk ; and the one conception my bemused mind could frame was to get away where I could be quiet. It was in this drugged condition that I appeared before my mental executioners —the two doctors—and was condemned for “ speaking with reluctance.” Surely, had they known that the person they were about to certify was under the influence of a three weeks’ course of sleeping draughts, they would never have signed their certificates. No fair-minded person will doubt for a minute that these doctors, before making their diagnosis, ought to have been made acquainted with such a very material fact. I do not think anyone will consider it upright and honest that a person who enters an asylum voluntarily should, when an inmate, be certified at all unless she be an urgent case. The mere fact of being an inmate is bound to prejudice opinion against her, and it savours too much of Jedburgh justice to induce a person to enter an asylum and then to certify her insane. Indeed all the preliminaries for certifying insanity appear to be made much too easy by the Lunacy Acts, and are conducted in far too casual a manner.

As regards myself, my sister has told me that none of the persons who took part in declaring me of unsound mind ever met to discuss the question and presumably never saw one another. My sister never saw either the magistrate or the doctors, and has never seen them to this day. All instructions to visit and

certify me were given to the doctors by letter, and, after the reports had been presented, nothing else was required but the filling up of common forms and the signing of a Reception Order by a magistrate.

I will now give a picture of my life at Cheadle. All the period of my stay there, I was never brutally treated myself, though I have seen others very roughly handled. Nevertheless, the noise at night and the light, and the general surroundings, not only prevented my sleeping, but simply appalled and stunned me, and were very detrimental to my health. I was disturbed at night by people being taken to the bath, and what sounded like their being ducked under water, followed by the noise of gasping sobs. The noise was most horrible.

I was in a room where I suppose the patients were intended to be watched, as a nurse sat at the door at night and generally played "Patience"; but, as now and again she kept up a shouting conversation with another nurse who sat some distance off in the passage, this also made sleep practically impossible. One night the nurse fell asleep; I could not do so, and as I noticed the nurse was sleeping I got out of bed and, stealing past her, I walked downstairs. I tried to find my clothes which, with other people's, were always taken away, rolled up into a bundle and put out into the passage. I was then so desperately unhappy that could I have found them I would have dressed and got away. I really think I should have succeeded, as, after going down two or more flights of stairs, I found a door into the open, but having no clothes, I was obliged to return to my bed, and was luckily undiscovered.

I, of course, witnessed some terrible sights at Cheadle, but, except to prove that my memory was then quite

clear, I would not mention them. In the room with me there was a young girl, and one night I saw her get up, wait about a bit, then go to the fireplace and remove the guard. She then deliberately took her night-dress and held it in the flames until it was well alight. She said nothing, though she was very badly burnt. I was so new to my surroundings that I never thought of interfering until it was too late. I regarded her actions as probably part of some performance which she usually went through: like an old lady in my room who incessantly spat upon one piece of the Indian carpet in the most horrible manner all day long. This same old lady was the cause of my getting into trouble with one of the doctors—Dr. Cooper. One day, when she was in the garden, she staggered and fell. I was angrily asked by the doctor why I had not “saved her.” Once again I was in further trouble with this doctor, and I only mention it to show how, when once ticketed “mad,” a person is ever afterwards “suspect,” and how the “dossier” of such an individual can be made very misleading. We were at dinner in the hall, the doctor—Dr. Cooper—being at the head of the men’s table, which was partly at the back of my chair. Suddenly I heard the doctor shout “Martin!” I started and looked round, only to encounter a furious scowl from the doctor. He little knew that “Martin” was the Christian name of my recently deceased husband, and that it was ever present in my thoughts. After dinner a nurse came to me and said that I was not thought “fit to sit in the hall,” the implication being that by turning round I was trying to attract the men. Now, doubtless, if my “dossier” has been kept, this vile suggestion will have been entered against my name as one of my symptoms, and of course,

being entered by the doctor, would always be held as evidence of mental unsoundness, because how could a doctor be deceived by his own eyes, and how is it possible to believe the explanation of a lunatic?

One of the doctors at Cheadle had been a friend of my husband's, and, as I had longed for someone to talk with about him, I made many attempts to engage him in conversation, but, whenever I did so, he always went off on some pretext. This constant avoidance and the thought it suggested, that, even to one I knew, I was now a "thing apart," gave me a feeling of despair and almost indifference to the future, for, if I could find no sympathy from one who had known us both, to whom could I turn? To talk about my husband would have been such a relief to my overburdened heart.

All these incidents may seem to the reader very trivial, but, to a sensitive woman in such melancholy surroundings, they appeared anything but trivial, and were very instrumental in keeping me depressed.

The matron was very kind and was always about, but the food was not, I think, sufficient. The meat at dinner was mostly too tough to bite or cut and often too high to eat. Cheese was served for supper and a glass of milk, and at tea there were a few slices of thin bread and butter, with tinned salmon on one day of the week and two sardines on another.

While at Cheadle, being new to asylums, I did not understand who "Visitors" were. I was not offered an interview, neither did I know I could demand one. Stamped as a lunatic, as I was, life seemingly held nothing more for me, and it remained for the unbearable sufferings that were to come to arouse me to

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the knowledge of my wrongs, and to stimulate me to struggle single-handed and against great difficulties for my release.

## MUSGROVE

After my two years at Cheadle, I was passed on to Musgrove in October, 1902, and remained there until the beginning of September, 1903. It is difficult to understand what (if any) advantage is obtained for a patient by this system of "passing on." If it were a kind of progressive treatment, marking improvement and leading through milder and milder restraint to complete liberty and ultimate release, it might be really beneficial if only as a message of hope to those detained. But in none of our asylums, as far as I saw, is there the slightest idea of such systematic treatment. By far the greatest number of inmates are regarded as immured for life. But there is still a considerable minority, not only improvable and curable but to whom association with those who are radically and mentally hopeless is very detrimental; and it is the reverse of proper medical treatment that the different classes should ever be brought into contact. Asylums ought to be so graduated and differentiated for the treatment of mental cases, especially for those presenting mild and temporary symptoms, that such patients could enter with a fair prospect of obtaining a cure, and could emerge therefrom without the permanent stigma of lunacy being attached to them.

In this system of "passing on" the patient loses all the advantage of the continuous observation and possible efforts for cure on his behalf by the Medical

Superintendent, whose accumulated experience of the case should be of great value. The friendly interest and observation of the Visiting Committee (when it exists) is also lost in the same way, and with it goes one of the opportunities provided by the Act for the inmate's release, as all this is lost to the patient on his arrival at the new establishment. He enters it labelled "mad," and is, of course, prejudiced by that fact. Being a certified case, there is obviously no imperative need to ascertain whether such person should any longer require restraint. Through the "passing on," therefore, the patient runs a serious risk of becoming so lost and merged in the crowd as ultimately to be classified as a chronic case, and it was always quite against my wish that I was so removed. This is the explanation for the fact that I once had not the chance of seeing the Commissioners for 25 months. I also noticed that my being "passed on" usually coincided with and was timed as if to prevent a possibly successful result of my complaints, and after I had gained the friendly ear of the Visiting Committee. I cannot, therefore, help thinking that this method is frequently used to get rid of an inmate who is making inconvenient complaints, and who requires, in consequence, to be hushed up and prevented from exposing the various misdeeds he may have witnessed. Surely it ought to be regarded as against the interests of the patient, and the institution, to allow transferred cases to enter a new asylum without further examination on admission. Every Superintendent, therefore, should I think be bound to make a thorough examination and report on every fresh case brought to his notice, for how can he properly classify a patient without doing so? Unless the facts against such a course are clearly decisive, he

should not take them for granted and be prejudiced thereby. Had this been done when I went to Musgrove I could not have been re-certified, and then herded with the fearful cases I found myself with.

I was put into a part where there were wild and dirty people, many of whom looked almost like men. I remember how they pulled the trimming off a new hat of mine, and one patient stuck her horrid sailor hat on my head. There was one poor creature who was suffering from consumption. She was very haggard and had no teeth, and, when I mention the fact that she had been suffering for a prolonged period with other symptoms, any woman or doctor will understand my fears. She had been given a bath just before me, and had flung out of it a piece of Turkish towelling which had been used to wash her. I was looking for something clean to use, when I was seized by the nurse, and this filthy rag, all soapy and defiled as it was, was thoroughly applied to me. This act horrified me so greatly that I was much upset for days, and in dread of what diseases I might not have caught from her and possibly others. The seats and floor in the day-room were frequently made disgustingly moist by wet and dirty patients, and, as this woman had the habit of licking bits of paper and sticking them all over the seats and walls, it was very repulsive to have to sit anywhere. Another patient came to me and begged me to go home and take her with me as my maid. She said : "I am a prostitute, but I would do anything for you." I had never heard this word used before and these people and my surroundings simply scared me, and I could only wonder how doctors could imagine that such conditions could be regarded as a cure for me or anyone else similarly circumstanced. Besides my depressing

situation and the demented people with whom I had to mix, there were experiences which loomed very large in my recollections. One of them was being forcibly fed.

It came about in this way. I had observed the nurses putting drugs into the tea and coffee and food generally. This filled me with dread, as I felt all the time that so much drugging was doing me harm. I therefore refused to partake of some of the food that was offered me. The nurses then sent for the doctor, but before he came I implored them to let me take it, even if it were drugged, but they refused, saying : "It has something in it now, but you have lost your chance." I was then removed to the bathroom, tied to a great wooden chair so tightly that I thought the veins in my hand would burst. In this utterly helpless position and scarcely able to move my head, Dr. Baker (the head doctor's son) came, and, laughing and joking all the time with the nurses, tried to force my mouth open with a gag, but only succeeded in breaking several good teeth. Failing to accomplish his purpose in this way, he finally plunged a tube into a bath not previously cleaned, and thrust it up my nostril, and so poured food and drugs into me. I would gladly have eaten anything that was clean and wholesome and unadulterated with drugs, but in spite of protests and explanations this brutal assault was perpetrated on me, the results of which I shall carry to my grave. That this Dr. Baker could laugh and joke with the nurses all the time he was performing this very unnecessary and dreadful operation shows how unsympathetic and inconsiderate all such people become in their dealing with asylum inmates. This cruel treatment was practised on me three times, and there can be no excuse for it or for

breaking anyone's teeth in such an operation, especially in my case when I was so tightly bound as to be incapable of resistance or movement ; such conduct cannot be understood except as showing the utter indifference of a callous nature brutalised by its surroundings.

One other matter I must also mention to show how early in my period of detention I attempted to regain my liberty. I told this young Dr. Baker (as his father was so deaf that it was extremely difficult to make him hear anything) that I would like my brothers to take me away. He answered, "They can take you the next time they come." Relying on his word when two of my brothers did come, I begged them to take me, and managed by shouting to tell Dr. Baker that his son had told me I could go. He denied this, and refused his consent, and my brothers believed what they were told. I had been greatly buoyed up with the thought of my release, and this refusal, and my brothers' incapacity to understand the terrible nature of my position and the agony of my sufferings, filled me with a hopeless despair. I had no one now to turn to, and could only regard the future as a life of perpetual imprisonment.

There is nothing more very special to mention about Musgrove. Food was fairly good, but the meat very often indeed consisted of a piece of boiled flank of beef, though this may have been peculiar to the part of the asylum that I was in. This was not the part I ought by rights to have been in or which had been shown to my brother for my occupation ; but, in mentioning this form of deception, I am only giving the practice common to all asylums as I have seen it, even when patients' relatives have paid extra for special accommodation and nurses.

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From Musgrove I was passed on to Drayton House in September, 1903, and remained there until July, 1909.

## DRAYTON HOUSE

From what I have already written I hope I have shown that I am not the type of woman to indulge in the use of exaggerated or strong language; but, when I think of what I endured and witnessed at Drayton House Asylum, the name given to it by the inmates is recalled to my mind, and I cannot blame them for designating it as “a hell upon earth.”

This is a strong indictment not only of this establishment and its officials but of all those who dismissed as delusions my reports of the many acts of cruelty which I brought to their notice. It includes not only the office of the Lord Chancellor, for I very frequently wrote begging him to make enquiries, but also all who are with him appointed for the welfare and protection of lunatics. The Lord Chancellor’s office can prove how many and frequent were my appeals to him both on my own behalf and that of others: neither he himself nor the Lunacy Commissioners, the Visiting Committees, the Superintendents, Matrons, Nurses and others can shelter themselves under “ignorance of the facts” which I shall give. They one and all had ample notice of what was taking place, but, except for one very perfunctory enquiry, no effective steps were ever taken to ascertain the truth. On them must fall the condemnation, and upon them lies the full responsibility for the terrible cruelties which took place there, as well as for those which have occurred since.

I hardly know what to instance especially amongst

all that was so horribly cruel and wicked at Drayton House, and it was there that I spent six years of as fearful a life as had ever fallen to the lot of a helpless woman. But, to show the spirit that animates those who are put in authority over these poor mentally afflicted creatures, I will quote the favourite saying of one of the nurses : " Waxworks ! No choice." This aphorism of hers was her frequent reply to any query or objection, and was always thrown at inmates, accompanied by a loud laugh of merriment. Though this description of the alleged lunatic is only that of a coarse-minded woman, still that the same thought was held, though not so baldly expressed, by practically all the officials from the highest to the lowest, is painfully apparent to every inmate. Can it be wondered at, that, having this conception of their charges, as dummies or things scarce human, and beneath the level of savage brute beasts, the nurses should be indifferent in their feelings and inflict on them every brutality which a cruel imagination could suggest ? Yes, " Waxworks ! No choice " is the prevailing idea that regulates the conduct of all officials towards the alleged lunatic, and obtains from the Lord Chancellor down to the meanest scullion in the asylum. It not only explains the possibility of the cruelty inflicted, but its continuance ; because a " waxwork " could never get credence for any statement, nor would she be believed against the word of a nurse, not to mention a doctor. Let a patient complain of injury with obvious signs thereof, and, even though the nurse has inflicted it and the patient has said so, all that suffices is for the nurse to say that the injury was self-inflicted, and her word is taken against that of the sufferer, or any amount of fellow-sufferers and eye-witnesses. The final

result, if put before the Lord Chancellor, is just the same, and in consequence of her complaining it is recorded against the inmate that she is violent and homicidal and filled with delusions. The nurse is fully aware of the strength of her position, and, being confirmed in it from his Lordship's office downwards, does not hesitate to wreak further vengeance on her victim; in fact, she is almost offered a premium for doing so.

It thus eventuates that, though his Lordship is appointed by the Act to protect the lunatic, he in truth is the protector of the nurses or other offending officials and becomes an accessory to diabolical deeds. I will now give some illustrations of acts which can only be described by the words "fiendish cruelty." Before entering upon them one question must be asked: Are our Asylums intended to be institutions for the "cure" of patients or merely for their "perpetual detention"? No one will deny the necessity and value of properly conducted institutions in cases where detention is required. But in many others, where relations merely wish to relieve themselves of trouble and domestic and social embarrassment, the "cure," always conspicuous by its absence, is much more likely to induce madness than to arrest or heal it. Let anyone imagine, if they can, the agony of mind and awful dread inflicted on me, a quiet but highly sensitive woman, when I was condemned to a refractory ward by the Superintendent Dr. Wolf, and for the following "crime." I was feeling wretchedly ill. The brutal way I had been treated, the continual dread I suffered, which made me start if anyone came near, my fear of the nurses and their horrible cruelty and abuse, had given me sensations in my heart which caused me to

think I might die at any moment. In this solemn and earnest mood I wrote a paper and gave it to the doctor, begging him (if I should die in the asylum) to hand it to my brother. In it I had written down some details of what I had undergone and witnessed at Drayton House, and told my brother that, though he might not now believe me, all that I had said was the absolute truth, and that he would not have this paper till after my death, when I thought he would believe it and try to get things altered. I felt in writing it that I was doing all I could, and should have died believing that some at least of the horrors that I had witnessed and experienced would be exposed. However, shortly after this, the doctor having, as I now imagine, read the paper (a not very honourable act as it was not addressed to him), told me that I should "have to alter" it as I "told lies." I consider it inexcusable to call a patient without good reason a liar. If he truly believed that I was mad and that all my statements were imaginary, he should have regarded them as delusions. If, on the contrary, he thought me not mad, but merely a liar, then he had no right to detain me. Why he held me a prisoner at all I cannot imagine, as, when first I went to Drayton House and asked for my brothers to be sent for to take me away, he told me they could do so whenever they liked, and added, "We don't want you here."

The sole reward of my efforts to stop the evil deeds committed was consignment to the Refractory Ward. But what can be said for such treatment, which could only jeopardise the very sanity of the patient which he was pledged to protect by plunging her into greater scenes of horror? *It would almost seem as if there were intent to drive me mad.* Would not most people think

that any doctor would be glad to be informed of monstrous irregularities and cruelties occurring in his asylum, and that he would be grateful to anyone who brought them to his notice? For how could he discover such horrors for himself or be aware of them unless informed? But no. "Waxworks" are considered too devoid of intellect to know when they and others are cruelly treated and insulted. They are regarded as having no brains or sanity, so their words are unbelievable and their complaints are "delusions," and having "no choice" they must be left to the tender mercy of fiends.

Though in terrible despair I refused to be daunted, and still wrote to the Lord Chancellor, not once but very often, the enquiries that followed seem to have been of the usual character, viz., to ask for information from every person except the sufferer. My complaints being discounted from the first were I believe eventually handed to the Superintendent, who asked the other doctors, who enquired of the matron, who interviewed the nurses, who of course, as the guilty parties, gave a full denial; and so in the reverse order my complaints finally returned to his Lordship, who gave me the "official denial."

*But never did anyone interrogate me or examine patients for bruises or other signs of maltreatment.*

In true official form, there is a notice hanging up in every ward inviting the inmates to seek the protection of the Lord Chancellor by letter when deemed requisite, and every letter so written must be forwarded unopened. Having complied with this offer very often, my only experience in connection with it is that this so-called safeguard is absolutely non-existent. After repeated communications with his office I re-

ceived the following letter in answer to a statement which will be set out below, and which I submitted to his Lordship after my discharge, through my lawyers, Messrs. Bland, Nettleship & Butt, on October 28th, 1912 :

HOUSE OF LORDS,

DEAR SIRS,

*November 1st, 1912.*

The Lord Chancellor has considered the statement of——handed in by you on the 28th ult., and has made enquiries concerning the facts therein mentioned. He sees no reason for thinking they are well founded.

Yours faithfully,

A. G. C. LIDDELL.

Accompanying this answer was a letter from my lawyer supplementing it, in which he writes as follows : " I have since seen the Secretary, from whom I gather that enquiries have been made since the statement was lodged, and that the chief reason why a full investigation will not now be made is that they have in the Lord Chancellor's office several letters of complaints received from you during the last few years : that the complaints were similar to those now put forward, and that they were fully gone into at the time. I fear that you will not get the Lord Chancellor to move further in the matter."

It will be noticed that the Lord Chancellor's letter says, " since the statement was lodged." As this gives only three days for the elucidation of the facts I have submitted, it is a practical certainty that no enquiries were made at all, or, in any case, none that could possibly be considered effective. This demonstrates the truth of what I have written above, that

the right of appeal to the Lord Chancellor is a "dead letter" and a simple farce. If his Lordship is able in three days to pronounce a verdict of "not well-founded" for allegations spread over 12 years and covering misdeeds which occurred at three asylums, am I not justified in calling it a farce?\* These letters are conclusive evidence of the uselessness of approaching the Lord Chancellor with any complaints, however just they may be. I will now proceed to give particulars of my ill-treatment at Drayton House, Yorkshire. The details are enough to sicken anyone and are taken from the Statement I submitted to the Lord Chancellor on October 28th, 1912, with the above result.

\*NOTE.—One wonders at Mrs. Grant-Smith's surprise. His Lordship, of course, is only repeating the "finding" of his official advisers in a case upon which they had long since made up their minds. This result could quite easily have been arrived at in three days. Nor is there any necessary official prevarication in the wording of the reply. By "enquiries" or "personal enquiries" all that is implied is that the Lord Chancellor has caused enquiries to be made, with the aforesaid result. What really happens, of course, is that the Board of Control make enquiries into charges brought against themselves, or repeat their old "findings" anent such charges. But one would very much like to see a copy of the official document in which Mrs. Grant-Smith's complaints "were fully gone into at the time." It must exist somewhere.

## DRAYTON HOUSE.

"I was at Drayton House from September, 1903, to July of 1909. During that period I had to submit to a great deal of ill-treatment. A nurse, of the name of Rooke, on more than one occasion emptied a chamber containing urine over my head and allowed the urine to trickle down my face into my mouth, and would not allow me to wipe it away. The same nurse in Ward F. 2A on more than one occasion took a pair of combinations soaked with blood and urine from a patient named Black, and tied the fork round my mouth, and it was afterwards put into my bed with me. I was compelled to use the bath in a dirty state after patients named Colt and Green, and I feared this would give me syphilis. My head was held under the water. I was bruised on the face when being fed with a heavy gravy spoon by Nurse Eliza and others, and, to conceal the bruises from the doctor, I was locked up each day in the lavatory by Nurse Eliza during the doctor's visit. My hands were often knocked and bruised by the nurse's keys.

"Another patient named Colt, who was covered with sores and bruises, was bumped against stone stairs going up to bed, and her hands struck with keys to make her loosen her grasp.

"Fanny Black, a wet and dirty patient, was regularly left at night without a night-dress, lying on a bare

mackintosh to save the nurse the trouble of changing the dirty linen.

“ Fanny Black and Miss Hurd were made to sit out of bed on the chamber utensil many hours in the night, quite naked, often for an hour at a time. Miss Hurd has lately died from consumption. A young nurse, named Green, promised me, after I had spoken to her about ill-treating patients, that she would not do it again, and subsequently told me that she would get into trouble for not kicking a patient, Mrs. Beverley, to keep her quiet when told by Nurse Rooke to do so.

“ When I was first in Ward F. 2A I was frequently forced to take *one-third of a breakfast-cup of cascara*, and, though I continually obtained permission from Charge-Nurse Rooke not to take it as it would upset me, I felt compelled to take it when Nurse Hayes, in a brutal way, had nearly knocked me down twice, telling me at the same time that I had to take it for my bad behaviour. Unless I did so, I knew it meant my being forcibly laid down and three or four nurses pulling my mouth open and pouring it down.

“ On one occasion, when ill, Dr. Wycherley ordered me to bed for at least three days, and Nurse Roberts was told off to sit by me. A few minutes afterwards I was ordered (I was told by the matron’s directions) to leave the bed at once. The nurses told me the Commissioners were in the neighbourhood and expected. This was March the 18th or 19th, 1909.

“ The patients were frequently put into dirty baths ; also many were made to undress at the same time in the bathroom. There were rarely more than two towels for quite seventeen persons.

“ These are only some instances of what I had to suffer.”

It is clearly shown from the above extract from the document that I sent to the Lord Chancellor that it contained only the roughest summary of the many brutal deeds committed at Drayton House. One would have thought that even this bald enumeration of such foully sickening acts would have been sufficient to move his Lordship's office to order a searching enquiry. But, so far from this being the case, the only recognition vouchsafed was an acknowledgment of the receipt of my statement and the expressed belief that my information had no foundation in fact, and that the Lord Chancellor saw no reason for thinking it had.

Here we have another Circumlocution Office waiting for a Dickens to expose—a collection of well-salaried gentlemen, whose official calm must never be ruffled by filthy details supplied for their consumption by a pestering lunatic. For has she not been called a "liar" by one of their doctors, even though she possesses "a memory good and exact"? I will now take my "exact memory" back to a scene in which I took a very prominent part, and was instrumental in saving the life of Nurse Archbold, when an attack was made upon her by a frenzied patient. That night Mrs. Beverley had had a struggle with the nurse Archbold; these episodes were of nightly occurrence, and, though I could not from grief and anguish at my position get sleep, I endeavoured to lie quietly with my eyes screened from the light. To my astonishment I heard myself called by the night nurse, Archbold; such a circumstance had never occurred before, but she needed help, as Mrs. Beverley, a powerful patient, had in a struggle (about what I did not know, but possibly some arrangement of the bed or pillows) nearly overpowered this nurse, the only one in this large dormitory.

I was at the time not physically strong or indeed likely to be, my chief diet being bread and water. This, by the way, was partly from choice, as the very inferior, badly cooked meat could not be masticated; in fact I always left it when I found I could not cut it with my knife. This is a big digression for which I must ask pardon. As I write it is difficult for me not to get drawn off to the hundred and one things that this disgraceful low life was made up of. I jumped up and ran quickly to the nurse and managed to hold Mrs. Beverley, so that she could get free from her. Mrs. Beverley was a very strong woman and I really had to use every effort to enable me to hold her until another nurse happened to come in; she came to my help, and afterwards, without a word on either side, I slipped back into bed. I saw Mrs. Beverley had a draught given her. Some time later the same night, I heard someone coming along the dormitory in a stealthy manner, and looking up I saw Mrs. Beverley carrying a bedroom utensil. She passed my bed, and in an instant, before I could get up, with fury and rage gleaming in her eyes, she made for the nurse. Flinging the contents of the utensil at her, she attacked her violently, knocking her down in the very narrow space between two beds. By the time I got to her she had got the nurse by the hair and was banging her head on the floor. I caught hold of Mrs. Beverley, calling at the same time to the only inmate who I felt was in a fit state to understand, and, although she was very frightened, I made her comprehend where she must go to fetch a nurse. Mrs. Beverley was not so strong this time, so I managed to hold her, and eventually pulled her away sufficiently for Nurse Archbold to free herself. I know Nurse Archbold was terrified, for she

told me afterwards that I had saved her life. The patient was gone some time, but at last the nurse with my help was able to lift Mrs. Beverley on to the bed. She then seized Mrs. Beverley, banged her head violently up and down on the end of the bed. Next she took Mrs. Beverley by the throat, and so tightly that the blood actually burst from her mouth and ran down her face, which, black from strangulation and with starting eyeballs, presented a terrifying appearance. One is usually powerless to use words of reproof to a nurse, but it was all so horrible to me that when she went on kicking her I at last ventured to exclaim : "Oh ! do not, please do not. Smack her like a child if you wish." The patient had by this time found a nurse, a kind woman who came in from the sick room, and who, hearing what I said, exclaimed : "Mrs. Smith is quite right, use a slipper if you like."

What was the result ? The next morning when the doctor came round, Mrs. Beverley was found with her head, face and body badly bruised by the kicks and knocking about, but as she had the reputation of being a troublesome patient, and the doctor was told "the patient had done it herself," nothing further took place. No one in the ward dared to expose the true facts: indeed, no one noticed it particularly, there was so often a row of some kind going on; but even if they had they were all too cowed and too much in fear of when their own turn might be coming to speak. Even if they had the doctor would not have believed them.

Shortly before, I had written to the Lord Chancellor about Miss Hurd, who was also most brutally knocked about. I had to look on from my bed, and wrote of it as it was happening. I told him I had not previously

been believed, but begged him to believe now, saying that anyone could see her bruised state if they came down to look ; but as usual nothing was done. On the contrary, every step is always taken to conceal and prevent such things from leaking out, and many of the poor old patients are not only painfully aware of this fact but used to solemnly warn me that I should never be released as long as I complained. That they were correct judges I had subsequently to admit, though at that time I was sufficiently unsophisticated to go on believing that such wrongs must eventually come to light. But imagine the terrible terrorism which prevails, and must always prevail when these poor wretched beings are deterred by the fear of retaliation from exercising the rights conferred on them by an Act of Parliament, and find, when they do complain, that it merely serves as an inducement for further acts of aggression with extended detention. I was undergoing this experience of the results of my constant complaining at this period, because, seeing and painfully feeling a real necessity for help, I sought for it outside the asylum, having at length become aware through the information of an inmate of my powers under the Act.

But let me continue my catalogue of the acts of coarse brutality and indifference to the feelings of the patients at Drayton House. I have informed the Lord Chancellor that my arms and legs were twisted until the pain was excruciating, and, as these tortures and others more revolting still were frequently used merely to keep the patients in bed, I was so overcome with fear of their infliction that in spite of nature's calls, I dared not move to obey them, and thus became injured internally through a weakening of functional

control. Boxes on the ear and blows generally were too common to be worth recording, and the bestial imagination of one of the nurses as to what would afford the most repellent form of insult inspired her to slash me about the face and head with garments frequently wetted and otherwise defiled, taken off the very dirtiest of patients, and even to tie these round my mouth. Once, when I was sent to bed feeling very ill, food nearly cold was brought me from the dining-room, and I was compelled by the fear of their dreadful punishments to cram it down my throat, after begging in vain to be excused. The result was to make me violently sick before any receptacle could be brought. Though really ill and shivering, my head aching badly and too cold and horribly wretched for words, I was ordered out of bed, given a very filthy pail and told to clean the floor, and, because I took only one hand for my task, had the other plunged into the mess and was then stood over until I had cleansed the floor.

On another occasion, when suffering from the effects of the huge doses of cascara which were frequently administered before there was time to recover from the results of the previous one, I was made to walk barefooted the length of a stone passage of at least 30 feet and clean out the vessel, and then clean out that used by all. I do not remember the nurses doing any of this kind of work, as the patients were almost invariably made to do, not only this, but the cleaning of the floor, even when the dirt was the result of the nurse's neglect. It is true that there were periodical visits and inspections made, when of course the nurses were extremely busy in appearance, but they generally contrived to know what beds would be overhauled, and took precautions accordingly. This

was the reason why on one occasion the mattress from the bed of a Mrs. Paton (a wet patient) in a disgustingly dripping state was substituted for mine, and I was compelled to use the bed so arranged. How could I sleep? This at least could not occur if the patients' complaints had any effect and were properly investigated. I will also give another example of the utter disregard for the feelings of inmates, and how devoid of any such feelings they are expected to be. In the sick-room no bed, bedding, or bedclothes were looked upon as sacred to any individual inmate. The result was somewhat reminiscent of the play "*Box and Cox*," for at night my bed was mine, but during the day it was occupied by a patient brought down to the sick-room for the convenience of the nurses. This system was very repulsive to those who were sensitive, and was rendered more especially so when the occupant happened to be suffering from some disease, while frequently the state of the beds was such as had better be left to the imagination. Nevertheless, they had to be slept in, as only too often no change was considered necessary.

I have in the above record chiefly mentioned acts of physical cruelty inflicted on myself, but I dare not attempt to portray my mental agonies, and the despair that filled my whole being. To be herded with people who were demented, to be kept awake at night by my dreadful and nerve-racking surroundings, and then at the caprice of some matron or doctor be threatened and visited with detention in a refractory ward (the walls of which I never passed without a shudder), and with no seeming prospect of ever being free, was to me an everlasting torture. Add to this the physical torments and nauseating acts of the nurses, the sordid

lives and painful death-bed scenes, and the whole forms a picture which mere words are powerless to describe.

*I have set down in all truth what happened to me, and, as what I underwent was equally the fate of all, there is no need to enter at length on the suffering of others.*

Even when the nurses were not committing violent assaults on their charges, or making butts of them, their neglect of those who required their attention was shameful in the extreme. Those patients who had but little control of their functions were seldom kept clean, and I have frequently seen them got up and dressed in the morning without any washing except their hands and face, their bodies being first roughly dried with the only usable portion of the sheet or clothing. Some of these patients were left all night stark-naked lying in pools of filth on mackintoshes, to save the nurses the trouble of changing their linen or of getting them out of bed.

There was no provision made for drying wet boots or clothes, or for changing of clothes when wet after walking out in the rain, which had, therefore, to be worn whatever their state might be, and many times we have been sent out in things sopping wet from the previous day. This helped to procure one of these unfortunates a permanent escape from horrible surroundings by an early and sad death. It occurred to a poor girl named Scott, who contracted a chill through having been sent out in the deep snow with unlaced boots. Her stockings were naturally made very wet, but, as dry changes were never provided, she caught cold. The next day she was made to stay half-naked in a terrible draught in the lavatory (the weather was bitter at this time on these Yorkshire moors). She

collapsed, and was shortly in the sick-room dying. I remember her so well, her terror of the nurses was so great and she shrank so at their approach. I wrote a letter and asked to be allowed to nurse her, and I gave up my bed for her benefit to save her the risk of being moved twice a day between the sick-room and the ward.

Once, when her father came to see her, she was taken into a small room, the usual pleasant-looking little room already described, provided with a separate nurse, where all is comfortably arranged, and where patients are taken when relatives are expected. The latter have no idea of the surroundings of the sick-room to which the patient is almost invariably taken back when her friends leave. I was not often in this sick-room, but when I was there several inmates died, and were carried out on their mattresses by two nurses, usually laughing and joking together (I suppose to keep their spirits up). I remember one day in the morning, after having watched these proceedings in the night, there was a large pool of blood on the carpet where the mattress with its burden had been laid down for a moment. I have had to see the most ghastly scenes.

So little consideration is ever extended to mad people, and they are thought and compelled to be so devoid of taste and feeling, that they are not permitted to express any discontent when they are made to wear dirty patients' underclothes. This arises from the fact that there is no order or regularity as regards the keeping and separation of the inmates' wardrobes. There were at Drayton House no lockers, chests of drawers or other provision for the sole use of every individual, so the garments of all were here, there and

everywhere. As a "waxwork" has no soul or body, it is not possible that it should possess property. Therefore when a Mrs. Compton complained that her new silk blouse, costing a pound, had been taken and was then being worn by Mrs. Saunders (a dreadful kind of person), she must have been suffering from "delusions," so it was of course quite right for the nurses to shout at her to "shut up!"

With such want of method, the direct result of studied indifference to the rights of those who were never able to obtain the sympathetic attention of a mortal soul, even of their own sex, it is not to be wondered at that things were often lost, stolen and strayed. I myself lost a very good Chinese silk shawl given to me by my husband's aunt, and, what to me was a sadder loss, a large silver safety-pin brooch, one of my husband's last gifts to me. It had once before been taken by a nurse from the store-room, but I had recovered it and always wore it ; but this last time it was taken out of my dress, and I never saw it again.

I shall now relate my associations with one nurse whose name I shall ever hold in sweet remembrance and affection. This was Nurse Stuart, and under her were several kind nurses. I was once moved into the better part of the asylum, in fact, the only part that has the slightest pretence to the description of good, and it was here with Nurse Stuart that I received for the first time consideration, kindness and sympathetic treatment. She made many efforts to trace my lost property, and advised me to speak to the matron. I endeavoured to do so on several occasions, but without success, as she purposely avoided giving me the opportunity. Once when I said, "May I speak to you, please ?" she replied, "You are a very rude woman."

A few minutes after, the matron came in with Dr. Wycherley. I complained to him how the matron had treated me, and, though he was quite polite and nice to me, I got no redress. Not long after this interview I was told by Nurse Stuart to get up from dinner and follow her. As I walked along I asked her what it was. I thought a visitor had come, or perhaps there was some sad news from home, but she walked quietly along to the worst part of the asylum where I had previously been placed, and, opening the door, said it was the matron's orders. Then she put her arms round me and burst into tears and said: "You have done nothing, I couldn't have found one fault with you, had I tried, all the time you were with me." I had been with her about eight months, and found such gentleness and kindly affection that I shall never part with their memory. As I was to be severed from this good nurse I would gladly have mingled my tears with hers, but such luxuries were not permitted, and besides I was called on once again to face a life of "hell" in which all feelings had to be banished. I entered, and was greeted by Nurse Rooke with, "I suppose we ought to say we are delighted to see you." I answered "No, it is better to speak the truth, and if you told me where my things are that have been taken it would be more to the purpose." Then Nurse Hayes, who in my absence had dyed her hair from black to auburn, met me with, "So I hear you've been acting the lady over there: we'll soon take the lady out of you here."

While still in the better part of the asylum with Nurse Stuart, I was one day told that I was to go into the laundry and help with the washing. I was very much astonished, as I did not consider it was at all a

proper task to impose on ladies, and especially on paying patients. However, anything was preferable to sitting and listening to people incessantly quarrelling or moaning about some real or fancied grievance, and I went without protest. I again realised how low I had fallen in the estimation of my small world when I found I was expected to obey even the most junior servant in this laundry, but my bitter trials had taught me to control my facial expression and to pretend I did not hear when one of these vulgar creatures ordered me as if I were a dog to shut the door, which *she* had left open. I was in the laundry some time and really worked hard. Instructed by the head laundry-maid, who was a good and kind girl, I did my best and shook out sheets, towels, pillow-cases ; I ironed dozens and dozens of things, women's undergarments, then working men's clothes and trousers, etc. It was also made manifest here that lunatics are of very different clay to other people, and it was considered quite good enough for them that their clothes should all be mingled together in the same tub, filthy and clean, though it was dreadful afterwards to be obliged to put on clothes which had been contaminated by being washed in the same water as those I had seen to be foully defiled. But what sufficed for us did not suffice for Dr. Wolf and his wife, and I was screamed at if I touched any of their things which were laundried in two separate places kept entirely for their use.

Behaviour was bad in the laundry. Some of the patients cursed and used such foul language to one another it was awful to listen to them. I was weak at this time and not fit for hard work, and one day two of the patients having abused each other more foully than usual flew at one another. I was between them

and nearly got caught, as they hit out like drunken women sometimes fight in the street. This proved the climax to my concentrated anguish, and the thought of my horribly low, vile surroundings just overwhelmed me and I could not stop myself from weeping. I had always feared to cry lest, my grief being so great, I should not be able to stop and should then certainly be said to suffer from melancholia. The head laundry-maid came and spoke quite sweetly to me.

Shortly after this I was informed I was no longer to go to the laundry, and I never went there again.

Though to say any more about Drayton House may seem like carrying coals to Newcastle, I must set down a few more matters in order to make the picture of my life more complete.

Except when I first went there, and when I imagine the asylums may have been under different management, the food was not only execrable, but altogether insufficient. The meat was mostly too hard and bad to cut and had great tendons of gristle all through it, and the joints of beef were nearly always from the upper quarter. I have never seen the same joints anywhere else with their broad thin bones. There was a slaughterhouse on the premises, as they killed some of their own meat, and from it there always came an appalling smell : at least the nurses said the "stink came from there," and there was no other word for it. One day when we were passing this house a nurse proposed that we should look in, and opened the door. There hanging up was the carcase of a calf horribly thin and with no fat upon it so that we could see its ribs, and all over it was the colour of blood : I imagine it had died from some disease. Even the nurse (and they are hardened creatures) was horrified, and saying "Oh !" banged the

door. When we had rice puddings, made only too obviously with water, the rice was almost always flavoured with paraffin. Vegetables we had occasionally, peas—a small dish among 40 people—and I used to get perhaps seven to ten peas—and it was the same in proportion with all other vegetables except swedes, of which there was a sufficiency. *The milk sent for the inmates was frequently taken by the nurses*, and I was at Drayton House for four years before I discovered that there was any food to be had after tea. The milk intended for the patients at 11 o'clock a.m. was taken by the nurses into the kitchen, where they drank it, and one of the inmates told me that to prevent any surprise she was set to watch lest "Pa or Ma" (as these creatures called the superintendent and matron) should be coming along.

Generally, the supply of food and the portions given were scandalously insufficient, and, as there was not enough to serve all, patients frequently had to go without meat. I have known one of them to have none for three days running. One smallish leg of mutton used to be provided for 40 people: until it was a mockery attempting to make it go round, and even then, as Nurse Rooke informed me, the matron told her to try and save some after all had been served. At breakfast the smallest scrap of ham or bacon was given—I cannot say how small—yet I have found in the day-room hidden away a large piled-up plate of ham which some nurse had stolen. The tea meal was of the scantiest description, and more often than not consisted of bread without butter or jam, the very small amount of the latter provided being grabbed by one or two patients. The tea-cups and vessels generally were so badly washed that the tea was quite sweet without taking

any sugar. But, even if hungry, the sights at meal times would have taken away anyone's appetite. I have seen one poor creature (whose face was covered with a moist, scaly eruption, and who was feeling too unwell for food) have her head encircled by the arm of the nurse and forcibly fed with a large spoon, the scales from her face all the time dropping into her food. *I have also seen the nurses touching and handling the food we were supposed to eat with fingers foul from having just attended to a dirty patient's person and clothing*: but lunatics are not credited with the possession of any feelings of disgust or nausea. When we were taken out for a walk, we always had to leave by the back door, as the front door, drive and garden appeared to be reserved for the doctors and the matron. It was the most distressing thing to go trailing like a set of convicts through this back door and always past the mortuary where very frequently there was a hearse standing: and I used to tell my brother how it horrified me to pass the place, and to think of the poor wretches I had seen dying on mackintoshes soaked in and surrounded by their own blood, but he said I "must be mad to think such things." When we were not going for a walk, as soon as the order "Turn 'em out" was shouted (which always left the impression that the shouter had omitted to add "the hounds"), we were turned out on to a little bit of grass littered with pieces of toilet paper and mackintoshes which were drying. It had an engine-house close by, from which there came an unbearable noise of a dynamo, and as this patch of ground was almost surrounded by lavatories, it was indeed a truly horrible place. This engine was kept working all night until daylight, and the constant thudding noise was not only maddening but made even rest

impossible until it ceased. There was a garden which the friends and visitors believed was for the use of the inmates but it was kept as the private preserve of Miss Dougal, the matron. There was also a long glass corridor filled with beautiful flowers, but this was only seen by visitors.

Though I could relate many more incidents of life at Drayton House, I think I have painted the picture sufficiently broadly (though without a particle of exaggeration) to prove my original statement that it fully deserves the inmates' description of it—"a hell upon earth"; but before passing on to my last three years of detention I must deal with the following matter.

I have said, and I say it again, that no genuine attempt to investigate my complaints was ever set on foot, but I believe that once a Special Commissioner or Lunacy Visitor was sent down to make enquiries; and by showing the manner in which he carried out his task it will be clearly seen that the right of an inmate under the Lunacy Act to appeal to the Lord Chancellor is made an absolute dead letter, not to say a farce. I was one day called from dinner, and informed that a gentleman wished to see me. I found him standing in the passage with the two doctors. I was not told who he was, but I think from what I heard and also from a picture of him that I have lately seen that he was a very highly placed official. He said: "Well! what is it you have to complain about? The food is excellent." I answered, "I do not desire to complain of the food, which is exceedingly bad as you can see for yourself if you go into the dining-room and ask all there." He went on, "Well, I have seen a *delicious* piece of mutton that is for *your* dinner." It was not worth while replying to that, especially as by then I had

learnt to live on brown bread, and also because if he had troubled to enquire he would have found that that "*delicious*" piece of mutton was far too small, if there was even a piece at all that day. I then said, "May I speak to you privately?" I could not speak before the nurse who stood guarding me and beaming with a lovely smile! I then said that I should like a witness of what I said as I had been so much misrepresented. He replied "Certainly, wherever you desire we will go." I felt such joy that I could hardly speak, but I tried to think of all that it would be best to say. I had made notes of the brutal conduct I had seen and asked if I might be allowed to fetch my diary. He replied "Yes." Before going, I asked him to read a letter I had written to Dr. Wolf (this is the usual method of communicating with the Medical Superintendent as he generally visited the room only once every three weeks), but the contents of this letter need not be given here as they merely related to my removal to the Isle of Wight, which took place two days later. When I came back I found this gentleman's manner had quite altered, and I know that something had been said in my absence to my prejudice, because he only explained, "It's all right—good morning. It's very nice in the Isle of Wight, such a pretty charming spot." I told him I knew it, but, as the background of a lunatic asylum, it had nothing charming about it for me. I also asked him why I could not be made a ward in Chancery. I had asked this of the Lord Chancellor, noticing that Chancery patients had more attention than others. He replied, condescendingly, "You *are* a ward in Chancery." I had not previously known this. The doctors, who before had looked serious and alarmed, were now all smiles and went off strolling down the passage arm

in arm. Doubtless this gentleman (whoever he was) made his report in due season, and is regarded as a shining light in his profession. But what burking of an honest enquiry, and what fooling of a solemn Act of Parliament, and what farcical commentary on the so-called protection afforded by the Lord Chancellor! Still, what a comfort it may be to his Lordship and his officials that they went to all this special trouble and expense, and after such a minute and lengthy enquiry were able to write me long afterwards that my "complaints had no foundation in fact, nor had they any reason to believe they had," for this no doubt was the "previous enquiry" to which they then referred. What must be the feelings of relatives who think that those near and dear to them can be locked away, with no hope of ever being released unless those who put them in demand it, and that in some of these asylums they can be tortured even to death, while such torture would still be held to have "no foundation in fact"?

But suppose the details of cruelties practised upon me were alleged to have been practised on some black man (say in Putumayo), then Parliament would really take action, and Committees of Inquiry be formed at once to thoroughly ascertain the truth; for in such a case the facts would not be pigeon-holed and docketed as having "no foundation," for a black man free is naturally more important than a white woman in a lunatic asylum. Her case will be explained away from the very first. She is certified as "mad," so there is nothing good she can do, nothing right she can say. She may be mentally sound in every respect but one (namely, that she accuses the officials of ill-treating her), but that one thing proves fatal to her being believed. Even when she has been subsequently pro-

nounced sane, as I was myself, and repeats *verbatim* the charges she formerly assverated and of which she made notes at the time, what then? Why, once a "waxwork" always a "waxwork"; therefore still suffering from delusions, so for the last time docket her statement "No foundation in fact," and date it October 29th, 1912. But this time, my discharge having now taken place, the question becomes somewhat more complicated, and the Lord Chancellor's officials are on the horns of a dilemma. They, not having made any further enquiry to confirm or refute my statements, have yet pronounced them to have "no foundation," and *have thus by implication declared me still of unsound mind*. But my real protector, Sir George Savage, has certified the contrary, and even Dr. Percy Smith agrees that I am "not now insane or acting in an insane way." Both parties cannot be right, but assuredly the opinion of two such experts, in comparison with that of obscure officials, would carry the greater weight, so that the latter must now abandon their self-sufficient verdict of "delusions." Supposing they do. Then their position becomes even more untenable. No longer of unsound mind, I am at once responsible for my acts and deeds, and can be prosecuted if I make false statements. If they prosecute they will give me the opportunity of proving to the hilt every one of my statements, and of exposing the diabolical horrors which have occurred, thereby incidentally bringing officialdom to shame. If they do not prosecute, this will be either a tacit admission of my facts, or a declaration that I am still not responsible, in which latter case they are banging their heads against the brick wall of Sir G. Savage's considered opinion, and will soon suffer by the contact. But if my statements are true, and such I swear

them to be, then officialdom stands condemned for every minute of delay in not starting the full investigation which I have asked for, but which the Lord Chancellor has refused. There is only one explanation why every so-called enquiry into cases like mine has been abortive, and that is because they are intended to be so from the first. The sole principle which governs all these enquiries is: "We know these things do occur, but let us hush it up at all costs."

My special Lunacy Commissioner (if he was such) must have known, if he possessed any experience of human nature generally and of the officials in any institution in particular, that however opposed the latter may be among themselves they always pull together when the institution itself is attacked. If therefore he wanted the truth he should have given me (and according to the Act he was legally bound to do so as I had demanded one) a hearing (in private) instead of taking only the very one-sided declaration of those about whom I was complaining. However, as this same instinct to burke any enquiry and evade all disquieting situations will be continually shown to exist by the remainder of my story, I will now continue it.

In July, 1909, I was (with, I am told, the sanction of the Master in Lunacy) placed at Barkington Asylum, Isle of Wight. I was to be sent on my journey in the charge of two nurses. In the morning I began to get up as usual, but was told I was not to do so and must lie in bed. When the other patients were up, my breakfast was brought to me in bed, and it was the first decent meal I had had since I entered the place; sufficient porridge, tea and fried bacon. I imagine they thought that, being a lunatic, I should have no memory, and carry the last impres-

sions away with me. On the journey there the nurses insulted me in every way they could until I got a chance to appeal to a foreman porter at Sheffield. These women then opened the window, and to intimidate me shrieked loudly for a policeman. Instead of a policeman it was this foreman porter who came. The nurses managed to whisper to him, but when I got out I said to him, "Please let me walk with you." I am a sane woman who is being taken to another asylum, and that is bad enough, but these women threaten to knock me about if I dare to speak to anyone and if I will not let them take me by the arms and drag me along, even though I have made no attempt not to walk quietly with them. I also asked him to look at me, when he would see that my face was not bruised, so that if it were bruised after my journey he would know that it was because I had been assaulted by these women with me. What they had threatened was that if I dared to do either of the before-mentioned things they would "clap something over my mouth"; not the first time such an outrage had been practised on me. If the reader remembers what I have previously described happening to me he will not wonder that I looked at the wretches and wondered how they meant to carry out their threat. I found this porter knew the place where I had lived when first married, and I asked him to take a message to a man there whom my husband held in high regard. This he said he would certainly do as he knew this man himself and liked him very much (unfortunately for me I have since heard that this man had previously died). Before the train left he opened the carriage door and said, "Madam, I have spoken to the guard of this train, and, if you are knocked about or ill-treated in any way, please report

to him, and it will get back to me, and it will not be the last of it." I had truly, though I had not let them see it, been frightened by these women, but after this the old saying, "Butter would not melt in their mouth," describes their changed attitude. They asked me if I were comfortable, etc, etc. I answered the wretches in monosyllables, and spent the rest of my time in the enjoyment of looking out of the window at the outside world.

I was duly undressed on arrival in the usual small pleasant room and examined by doctors for bruises, etc. I had some on my abdomen which were rather black, and were the result of the back kick of the nurse's heel when she was kicking Mrs. W. I told the doctors these bruises were not the result of cruelty to me. After some time a cup of tea and bread and butter was brought me.

I will now relate a few of the acts of cruelty witnessed by me at Barkington.

A patient named Short had her head bumped several times on the floor for striking a nurse. Another patient named Badham was frequently pulled along the passage by her hair by Charge-Nurse Thompson. A patient named Collier was often struck and bruised by a nurse named Bayliss. At this institution the nurses were a much less brutal set than at Drayton House, and many of them were always kind and pleasant to me. Dr. Ellis, the Medical Superintendent, when I was retaken after trying to escape, almost lost control of himself, and threatened to inject me with morphia.

Here again will be seen the bare enumeration of certain acts which are chiefly of interest as showing the general attitude towards the patients, the government

by physical force, and the punishment considered right for refractory inmates.

There is no need to discuss these acts very fully, and, if the bumping of heads on the floor and the hair-pulling had taken place during any tussle, they might have been regarded as almost a natural accompaniment. *But they occurred as a usual practice, and show a want of control and a viciousness on the part of the nurses which calls for the strongest reprobation.* All this cruelty, I hope I need not point out, is absolutely unjustified, for, as in the case of the poor lady at Drayton House, the victims are all patients, and quite helpless in their hands. Such a spirit, when once given way to, yields rapidly to the infliction of cruelties ; and, far from acting as a deterrent, it only encourages further insubordination. As regards myself and the threat of a morphia injection, I have only quoted it to show that the doctors sometimes seem to require more control than their patients. Except as a tyrannical exhibition of his position and power, the necessity for a morphia injection does not appear to be obvious, and to use it as a punishment when not required indicates a somewhat irrational temperament. *But, in truth, the general attitude of asylum doctors to their patients is more that of prison warders than of physicians and healers.*

If they would give greater scope to the latter duty they would clear these institutions of many a case which would be far better off under the care of friends or relations than being tarnished by asylum associations. For myself, longing for peace and quiet, I frequently wrote, begging, if I must be kept a prisoner, to be allowed a criminal prison.

That I did escape and was a free woman for a whole

day forms the pleasantest as well as the most bitter memory of all my asylum life. I had made the plans for this event while at Drayton House, as my intolerable life, my inability to communicate with my friends, and the utter impossibility of making my relations recognise the true facts of my case, made me believe it was my only chance for freedom. It was on Easter Sunday, 1911, that I got away, but my plans were completely upset because, instead of our usual Sunday walk to Carisbrooke, we were taken to St. George's Down. As soon as my opportunity came I walked away from the nurses, and, when out of sight, ran. My object was to cross to the mainland by boat, and, as the way was unknown to me, I had to ask it of several people, all of whom were quite civil to me. All my known wealth consisted of one shilling, and my food of some chocolates. I walked until I came to a beautiful common where there was no one about, and took off my coat and skirt and folded them up in a large handkerchief I had round my hat for trimming. I then tore the hat up, cut off my hair with scissors I had taken expressly, and donned a cloth cap which, with a waistcoat and knickers made by myself, completed my costume. I walked along with a happier feeling than I had had for eleven years, though, not knowing the way, I walked very many miles. After twice skirting Sandown I eventually arrived at Ryde. I had taken my ticket, but had to wait for the arrival of the boat. It was just coming up when a hand was laid on my shoulder by the second doctor, and my hopes were once more shattered. His wife was with him, and she put her arm round me, and whispered, "Never mind, dear, better luck next time," and the doctor, Dr. Perry, told me he was very sorry, but it was

his duty. I was taken back to the asylum in a motor car and then asked if I would mind entering voluntarily. I did so, after saying that I did not understand what was meant because there I was a prisoner with an asylum doctor guarding me—so why “voluntarily”? It seems that the explanation was (for a kind nurse told me) that, unless I had entered of my own accord, no force could have been legally used to compel me, as all my certificates had been destroyed and no new ones provided; therefore I was at the moment illegally detained. Any deception, however cruel, is evidently considered legitimate when one is in the power of the Asylum Authorities.

It is only fair to state here that previously to my attempted escape I had received much kindness from the superintendent, who not only allowed me to sing in the choir but to help in concerts and theatricals, and invited me frequently to play golf. His wife, also, a sweet little lady, asked me often to go out with her; in fact from both of them I received much kindness. No one but an asylum inmate could tell how much this meant to me, and what a rest it was getting out of the noise and quarrelling of the asylum and away from the miserable airing courts. It did me infinite good, and much I needed it, for I often wondered how much longer I could manage to live through it all.

Previous to this attempted escape, I had exhausted every legal means to obtain my release. I demanded to know who was keeping me a prisoner, and, when I wrote to ask my brother in July, 1919, this was his reply: “As I told you lately, I have no power to either keep you there (namely, in Drayton House) or to take you away, but when you are considered well

enough you would have to come away, whether I wanted you or not."

I had appealed to Lunacy Commissioners, to the Visiting Committees, and to the Medical Superintendents. At Barkington I had reason to hope I had obtained the sympathy of the Chairman of Committee, Mr. Dodd, for he had told me that he and other magistrates were taking an interest in me and were going to do something for me. On the Friday before Easter Sunday, Mr. Dodd came to Barkington expressly to see me, but only to say that he much regretted it was now taken out of his power to help me, for that without his knowledge it had been arranged for me to be removed into another county which was outside his jurisdiction. He brought another magistrate with him, Mr. Hardie, as he said he wished him also to see me, and that he was very sorry he could do no more. He volunteered to say, " You can, however, write to me, and, if you are brutally treated at this new asylum, I might be able to help you, and that, I am sorry to say, is all I can now do." I got the address of the new asylum where I was being sent, and wrote to the medical superintendent saying I thought it only right to let him know that I was a perfectly normal person, and only called mad because I spoke of the brutal treatment I had received and had seen others receiving. I felt that I could use every means provided for appeal, and had a perfect right to escape if I could have done so.

Previous to this, in 1906 or 1907—I cannot exactly remember which, as I then kept no diary—when I found I was not released, I had demanded an outside opinion, and I have a letter dated June, 1909, in which I was refused this. It is clear that my applica-

tion for a second opinion was made many years before my release, and, as during this whole period and up to the present time my mental state and powers generally have undergone not a particle of change, it is equally certain that I have received during all those years undeserved and *illegal imprisonment*. Any fair-minded person would think that such a very reasonable request would have been granted at once. I think also that every fair-minded individual will be profoundly shocked to know that there is no provision in the Lunacy Acts to enable an alleged lunatic, unless the relations approve, either to demand or enforce such a justly defensible means for obtaining release by giving proof of sanity. But the shock will be even more pronounced and disconcerting when it is realised that, far from giving this power to a lunatic, the Act takes it away. Section 49 provides permission for any person to apply to the Lunacy Commissioners to have a patient examined by two medical men with a view to discharge, but this provision does not include the lunatic himself.

Section 72 and after deal also with discharging a lunatic, and among those who have power to obtain the same is (1) the person who obtained the certification of lunacy; (2) the Commissioners of Lunacy; (3) the Medical Superintendent; (4) three of the Visiting Committee. In explanation of these clauses, on page 25 of Heywood & Massey's work on the Lunacy Acts, these words occur: "A person lawfully detained in an asylum must, if the Medical Superintendent of such asylum considers him insane, and if his relatives or friends will not help him to obtain his discharge, rely on the above visits and interviews, which he will then obtain with the Commissioners and Visitors."

The result of all these clauses is that a lunatic cannot present a petition for his own discharge, or even for an examination by two medical men as to his state of mind ; thus, these clauses of the Acts instead of aiding me combined to keep me a helpless prisoner for years. However, I feel sure of one thing, which is that, when I have portrayed the long struggle I went through to get free, there will remain no doubt in anyone's mind that an alleged lunatic ought, on his own initiative, to be afforded the opportunity to prove his own sanity.

I have said, and I repeat it again, that, from the moment when I was certified up to the present day, there has not existed a particle of evidence against my complete sanity. But suppose, for the sake of argument, that the symptoms inscribed on the certificates were deemed a sufficient reason for my detention at Cheadle Royal, would not my repeated demands for a second opinion presuppose a return to the normal ? Should not, therefore, the Lunacy Commissioners have granted it, and does not their refusal constitute a great moral dereliction ? Their refusal cannot be said to be illegal, as the Act gives them discretion to refuse discharge in spite of certificates of sanity from two medical men. Nevertheless, as my demand was made in 1906 or 1907, their refusal to entertain it, and its postponement for four or five years, seems to me a most inhuman exhibition of their power and deserving of the severest public censure. They kept a sane woman in an asylum where their heartless indifference might have driven her mad, solely because she protested against and complained of the brutal treatment to herself and others. This cannot be denied, as it was the reason for my several punishments, the constant subject of my brother's letters and the argument

(because it was set down against me as "delusions") used for inflicting further detention. It was also the cause of Dr. Wolf saying that I "told lies." Again, it was the sole reason why Doctor Eskell informed my brother that he did not consider me well enough to be freed from certificates. In proof of the above statement, I will mention that one of my brothers wrote that he "would not think of getting me released while I imagined things which had not occurred"—which only shows that relatives can be so deceived by what they are told as to be a positive danger instead of a help to the right of release of an alleged lunatic.

I will now again take up the story of my life at Barkington. I have already given instances of improper conduct on the part of the nurses at this asylum, and, though they were not cruel to me personally, the treatment in general was far too much that of the bully and tyrant. I will give one instance which occurred to myself which will suffice to show how the nurses estimate their patients and regard them as of no account. I was in a large room with nine other inmates, two of whom were very dirty and were always left wet, and another with a horrible, evil-smelling, ulcerated leg, which she dressed herself every day with urine. As may be imagined, the odour was overpowering and unbearable, and I was compelled to open my window. When I had done so one night, the nurse who was sitting before the fire in another room not far off commanded me to shut it as she felt the draught, and threatened to box my ears if I dared to open it again. I told her that though I knew she could box my ears, as I had seen it done so frequently, I should then write to the Lord Chancellor, and my counter-threat for once proved effective. This incident

is trivial enough in itself, but it serves to indicate the autocratic spirit which prevails, and which is so frequently translated into violence, and it also gives a picture of the sickening surroundings which a sane woman was made to endure.

There is only one other matter which I must mention in connection with Barkington, as it shows the misrepresentation to which an inmate is liable. I one day received a letter, which I still have, from my brother, who had taken on the duty of visiting me after my other brother had gone abroad, in 1910. In it he wrote—and in inverted commas—that, as long as I was so obstinate as to refuse Dr. Ellis's kind offer to send me to the seaside with a nurse, he and everyone must know I was not in my right mind. No offer of the kind was ever made to me, and, when I was able to obtain an audience with Dr. Ellis, I protested strongly against such a misrepresentation, which could only place me in a false position. What conversation on this subject took place between Dr. Ellis and my brother I do not know, as all the former vouchsafed to say to me was: "What I have said I have the right to say"; but he promised to look up his notes and let me know. This however he never did. I immediately wrote to ask my brother for his explanation, but when he answered me it was in an equally unsatisfactory manner. If any refusal on my part "to go to the seaside" appears in Dr. Ellis's notes, it shows how evidence can be manufactured; but something to this effect must have been said to my brother for him to write me as he did.

While at Barkington, I wrote to the Home Secretary. I allowed my hopes to be raised high by this action of mine, to which I attributed great importance. Mr.

Winston Churchill was the Home Secretary at the time. I had to wait some time for his answer, but this did not dash my hopes, for the Lord Chancellor's printed acknowledgments of my letters used to come all too quickly. One day, Dr. Ellis said he wished to speak to me. I went into the dining-room. He produced a document of about quarto size, and said, "I believe you have written to the Home Secretary," to which I replied in the affirmative. He then glanced down to the bottom of the page, and commenced reading words to this effect : " Will you please request this lady not to write to me again." This was all, and Dr. Ellis then went away. But, though I was supposed to be insane, I knew that there was much more in the letter besides this extract ; but, whatever it was, my attempt was obviously futile ; it was like beating my head against a brick wall, built by the Lunacy Authorities. The nurses told me that Dr. Ellis very rarely let anyone out, and I can well believe it. He used to argue with me that I could want nothing better ; that in life (he called these prisons " life ") one always had something to put up with, and that here I had everything provided for me, with no cares about money, or servant troubles, or any domestic anxiety. I pointed out to him on one occasion how terrible for a sane woman was the constant association with lunatics, but he seemed to think nothing of it.

As I have not said much about the Commissioners' visits, the following notes may prove of interest :

The first time I saw Commissioners at Barkington was in the autumn of 1910. It was 25 months since I had last seen these gentlemen, and I had waited and longed for them to come ; for up to that time I had found that speaking to the Superintendent and the

Committee was quite useless. When at last they came, as a Commissioner was passing me (I do not know his name) I made bold to get up and say : "Sir, it being 25 months since I saw Commissioners, may I ask for an interview I do not want a hurried one of a few minutes, for I feel that under the circumstances I have a right to an hour if necessary." He immediately, in a loud voice, called out to the other Commissioner in the room, "I say—here is a lady who desires an interview of two hours." I replied quickly, so that all the doctors and nurses, etc., might hear : "I think you should not make a false statement. I asked for one hour, should it be necessary, and I consider I have a right to have it." I got the interview I asked for, but it was useless. The Commissioner sat and listened, saying nothing and letting me tell him how I was kept in detention because no one would believe my story of how I had suffered. I began to think he believed what I was saying, and I tried to make excuses for the authorities. I told him I was sure they did not know what went on, and added that even if a patient lost seven devils after he came in he was likely to pick up seven more before he went out. A moment after this he got up and said : "Oh, I could not possibly free you from certificates," and I could say no more and had to go. I had asked the Superintendent to come in the room to hear what I said, as I had been so frequently misrepresented, and was told afterwards by his wife that he had said that, though my complaints were just, I had been so long locked up in asylums I did not know the best way to talk to Commissioners. I believe this Commissioner was only listening to my statements with the object of finding an opportunity to catch me in my words.

It is the only explanation of his conduct I can think of, but it shows how utterly useless the Commissioners' visits are. They never seem to see the dirty beds, they never search dirty or tiresome patients to look for bruises, *and it is always known when they are coming*. Once at Musgrove, before they arrived, I wondered what was the reason that books suddenly appeared on the tables, and for the general brightening up of the wards, and that those patients who used to work in the wards were taken and washed and dressed in clean clothes. When I asked I was told that the Commissioners were expected. At Drayton House they were once expected and did not come, but the patients reaped one benefit, judging by the ward I was in, for everything was turned out and the ward was scrupulously cleaned and kept clean to await them, and I wished they were more often supposed to be on their way.

On their next visit, a Commissioner asked me to come and speak to him. This visit was not long after the last, but it appears not to signify if two visits come close together, so long as one takes place in each twelve months. It is like the clock which the night nurses have to turn and make tick on each of their rounds. I used to watch them doing a hurried round just before the hour, and then returning a few minutes past the hour, so that they might have as nearly as possible two hours to spend in sleeping or eating. This second interview with the Commissioner was quite a different one from the last. The nurses had begged me to say nothing about ill-treatment, as it would not do me any good. I was at once asked to sit down, and, almost before I did so, this gentleman said : " You are a great believer in spiritualism." As a matter of fact I have

never believed in anything supernatural, and I said so, but it was absolutely useless. He insisted that I was, and, though I said I wasn't, he knew better, in what way I do not know. I have had much said against me. It was bad enough to be accused of having delusions, for this is the usual explanation found convenient when one complains of brutal conduct, but *now* I was said to be a spiritualist. (Possibly p. 116 explains it.—ED.)

At my last interview with a Commissioner, at Barkington, the nurses who cared for me again gave me injunctions to say nothing against asylums. On this occasion I waited to be spoken to, thinking I could not then be accused of making unsuitable remarks. The Commissioner's first words were: "You are very much better than when you came here." I concluded he meant mentally. I could not assent; in fact, I felt the distress caused by my continued detention was harming me every day. But I was cautious and just said, "I was quite well when I came here." He replied, "Oh no, unfortunately not." He tried to argue this point. Then he began: "Now I am sure you would like to go elsewhere." I said, "Yes, I wish to go home." He said, "Oh no, to some other institution."

He repeated this several times, and I as often said, "No, I wish to go home." Then he said, "Now, suppose there was no other place than these institutions (not asylums, be it noticed) would you not then wish to go to another?" I said, "No, I would not. If you intend to keep me locked up, I do not wish to be moved at all, it only harms me," and I obstinately stuck to my point that I wished to go home. He stayed quite a little time; we were in the dining-room at Barkington, sitting by the fireplace. He kept trying

to make me say I wished a change. He eventually went away, and I was very soon after informed that it was arranged to move me to another asylum.

When leaving Barkington, the nurse who had been told off to go with me openly stated that she would not take me to another asylum. I imagine this got to the ears of the superintendent, for another from a different block was afterwards chosen. I doubt if I shall ever have such another leave-taking. The patients literally clung to me and kissed me. They were quite overcome, for we had learned to love one another, and, when the nurse came in who was going to travel with me, she too was sobbing so that she could not speak. I thought she had had bad news from home. I did not know much of her, as she only occasionally came to the private block, but she was a good, kind girl. She said, "No, no, not that," and, between her sobs, added: "How can I take you to another asylum?" I tried to comfort her, telling her she was only doing her duty. At Ryde, another nurse took charge of me.

## ALBION HOUSE.

I was passed on to Albion House, my fifth and last asylum, in the month of June, 1911, and in my report to the Lord Chancellor I described it in these words : “ I have nothing whatever to complain of in reference to my treatment in this asylum, where all the patients were, so far as I saw, most kindly treated and cared for.”

All the nurses there soon became my friends and showed me much sympathy. They said they did not know how I could have borne the years of detention ; indeed, when I allowed myself to think, I often felt I might choke, so great was the emotion that my helpless state produced in me.

After I was free, I consulted Sir J. Goodhart about my heart. It beat violently and I had much pain. He said, “ Do you know what is wrong with your heart ? ” I said, “ No.” He told me, “ It is what we call a broken heart.” I said, “ It well might be ; enough has been done to break it.”

The following is a conversation which I had with Dr. Sampson, at Albion House, and which I wrote down in my diary : This doctor, so unlike Dr. Ellis and Dr. Wolf of Drayton House, always allowed me to talk with him quite freely, and one day I begged him to consider the irreparable wrong that was being done to me by everyone denying the truth of all that I stated had happened to me, and setting it against me as the outcome of an exaggerated imagination. I put

it to him that there ought to be some court of justice open to me where I could prove that all I had stated was true in fact. He thought it over, and remarked that there was reason in what I said, and, if I would write down definite statements of what I had seen and suffered, it should be sent to the Commissioners, who would be *obliged* to make enquiries. I wrote down everything and handed him the paper, and then, after waiting patiently until weeks had passed, was told, on asking, that my brother and he had agreed not to send the statement, as it would be more to my interests to wait and give it to the Commissioner who next visited Albion House.

This decision condemned me to more weary and harassing months of waiting before the Commissioner, Dr. Eskell, came in March or April, 1911. My heart beat with happiness when I was sent for, and I felt that at last I was near to getting free. He sat and talked and asked me questions, and then I enquired of him if he was going to take the statement I had put down in writing. He paused a bit (for I had been telling him how true it was and how greatly I had been wronged), and then said that he should *not* take the papers or make any enquiries because at the time these acts occurred I had not complained; therefore, the Commissioners would not notice anything I had said now. Here we find a Commissioner whose duty it was to make every enquiry, and who, according to Dr. Sampson and my brother (another medical man), was "*obliged*" to do so, refusing to perform this duty, and giving reasons which clearly prove him to be totally ignorant of my past history, or he could never have made the mendacious statement that I "*had never complained at the time the acts were committed.*"

Again I failed, and again the bitter truth was forced upon me that none of these people *intended* I should be released if they could prevent it. It really appeared to me that Dr. Eskell had found it very difficult to discover an excuse for avoiding and refusing my appeal, and was therefore unwilling to listen to it; and after a minute or so, in a dry, hard manner, he turned and said: "There is absolutely no more to be said on the question; you can go." I got up and went out quietly, as it is worse than useless to remonstrate, for, if you do, a bell is rung and a nurse comes to take you away, and had I dared to give utterance to my thoughts of indignation and despair I should only have been forcibly removed. During this interview I had said to Dr. Eskell that I could not see why I was refused an outside opinion, and, as my brother had said he did not know why I asked for Sir G. Savage, I added that I did not mind who the outside man was, and that I had heard Dr. Craig well spoken of. Upon this Dr. Eskell shrugged his shoulders, and looking at Dr. Sampson said "H'm! Craig?" as if he did not think much of his opinion. He subsequently saw my brother, who wrote to me on November 26th, 1911, giving the result in these words: "He, Dr. Eskell, unfortunately thinks, as others do, that you are not well enough to be free from certificates." How and why had this decision been arrived at? Simply because I told the truth, and persisted in my efforts to redress great wrongs, and equally because these officials, from the highest downwards, shirked their duty in refusing me the enquiry which would have proved that these wrongs existed. They chose in preference to inflict years of extra imprisonment on a truthful and sane woman, rather than face the task of exposing a crying

evil. It is well-nigh unbearable to think that, had any one of the Lunacy officials bestirred themselves, I should have been a free woman years ago and not lost, and worse than lost, all these precious years of life. After this interview with Dr. Eskell and my brother's letter, I saw quite clearly that my freedom would depend upon my own efforts. I still continued to demand an examination by some unprejudiced doctor, and eventually, as I imagine, because I had brought the matter to the Lord Chancellor's notice, I obtained permission to go to Sir George Savage (then Doctor Savage). This permission was most grudgingly given—indeed Dr. Sampson said, "I don't know what you think you will gain, for it will do you no good whatever, and might do you harm." However, as the sequel shows, I was right, and he was wrong. I went up to London with a nurse who was my friend, and sympathized with my happiness, and I—well, my heart was so light I could sing and feel such joy as I had never experienced for twelve years, except for the short time when I thought I had escaped at Whitecroft. Sir G. Savage examined me for a very long time, talking quite openly to me and begging me to talk openly with him. He told me I made "serious, very serious" accusations, but he did not tell me I was a woman who did not know what she was talking about; and finally, after leaving me for a time, he came back into the room, sat down, and said: "Well, I can see nothing the matter with you," to which I replied, "No, because there is nothing, and I have known all these years that, if I could only see an independent man who knew his work, I should be released." He went on to say that, since I had told him of the many asylums I had been in, he could not do otherwise than recommend me to go to the house of a

doctor or nurse for three months, as the fact of this continued asylum detention must prejudice me in the eyes of everyone. I answered that it was very wrong, and that I had suffered enough, but he said "we must sometimes bear the inevitable." Having borne it for so many years, I said, "Very well, then, it must be so, and, because I have suffered, I have still to suffer," and he agreed. It will be noticed that Sir G. Savage advised three months with a nurse, but, in spite of his opinion, the magistrates ordered me six months. But, when I was with the nurse on trial, I again asked for Sir G. Savage's opinion. I wrote to him asking him to see me again, and also, as I felt it was too large a responsibility for one man to be asked to take, I asked him to arrange for me to see another specialist. He gave me the choice of Dr. Maurice Craig and Dr. Percy Smith. I knew nothing of either, but, having heard a Commissioner belittling the first gentleman, I thought it wiser and fairer to choose the second. Dr. Percy Smith was not very friendly towards me; in fact, I asked him when he was snapping out questions to me as if he was cross-examining a criminal to remember that I was not one. However, he could find nothing wrong with me, and afterwards Sir George, when I spoke to him about this examination, said that he (Sir George) was to blame, and must apologise to me, for Dr. P. Smith ought not to have been told before I went that I had been 12 years in asylums, and that it had prejudiced him before he saw me, but he added, "He is an honest man." The opinions of Sir George Savage and Dr. P. Smith are given in the Appendix, and, as both these gentlemen certified me as sane, I was finally freed after being with the nurse five months. It would appear on the face of it to be a somewhat

curious circumstance that these magistrates should have the power and the wish to extend the period of my detention on probation from three to six months, and that in opposition to the deliberate and written opinion of a great expert in mental cases. I cannot avoid believing that they feared my escaping.

While I was still at Albion House pending the completion of the necessary formalities for my discharge, and before I went to the nurse, all the Visiting Magistrates surrounded me and endeavoured to make me say I would put my money into an annuity. Previous to this effort of theirs, a Dr. Cross, who was then taking Dr. Sampson's work, had had a long talk with me to the same effect, but, however laudable the object of these people might be, I not only resented doing anything which would afford the authorities the opportunity of saying that I practically admitted their contention that I was not fit to manage my own affairs, but I consider it unwise, unless absolutely necessary, to put money into an annuity. This attempt to trick me into a false and compromising position seems to me a very reprehensible act, but though I had been twelve years a prisoner, shut out of the world from all people of thought and education, I had still enough wit to penetrate their motives and not to be intimidated, even though the advice was accompanied with threats. The magistrates not only said that if I would not agree to their suggestion it might make a difference to my getting out, but their clerk remained behind to follow up their endeavours. This gentleman I believe meant it kindly, and, when alone with me, said, "Take my advice, I mean well, accept what they offer or you may not get out." I merely looked at him and said, "This sounds to me like a threat," and our

interview ended. I informed Dr. Sampson afterwards that to me it appeared like the highwayman's method of "Your money or your life."

From this place I was let out on trial under a nurse named Vane; subsequently being declared absolutely sane by the two mental experts as already described.

Having at last obtained my certificate of sanity, I forwarded it to the Lord Chancellor, who, as I was informed by Messrs. Palmer & Eland, sent it to the Commissioners, and these latter instructed Dr. Sampson to examine me and make his report. He came and catechised me freely, and, as was his duty, endeavoured to make out the best case he could on behalf of his clients, and he finally told me that "the sole reason he could not consider me normal was because the accusations I had made of foul and brutal treatment were too horrible to be believed." I asked him: "If I can ever prove it is true, what will you say then?" and he said: "That you are perfectly normal and right."

Here we have an instance of a thoroughly upright gentleman who allowed his judgment as to my sanity to be warped, not because my accusations were on the face of them incredible and untrue, but because his own powers of belief were insufficient. This defect of belief, as well as his foregoing expression of it, I owe to the authorities having refused me the investigation which would have made the truth manifest. The Commissioners finally issued their report of my case, *and as in it they totally ignored Sir G. Savage's opinion, not even mentioning his name*, I can only imagine that they did not relish having to yield to superior authority.

It would be more than human for me not to express the glow of joy I felt when I realised that I, a friendless

woman, in spite of all opposition, and in the teeth of years of prejudice, procrastination and obstruction, had at last gained my freedom and compelled all my enemies to give way. Nothing can restore the years I have lost ; but with Sir G. Savage's opinion as my perpetual charter of liberty, and Dr. Percy Smith's corroboration of it, grudging as that is, the verdict of the other doctors may be cheerfully treated as of no account. Sir George Savage's opinion, as I have before said, was sent by me to the Lord Chancellor, and forwarded by him to the Lunacy Commissioners, who thereupon "authorised" my sister to obtain my discharge ; but before I set forth their communication I will state that this was the first occasion that I received information as to who had procured my certification of insanity. I will also say here that I do not think it right that the demand of an alleged lunatic for information so essential to her release as the name of the person who had her certified should ever be refused, more especially as, in my case, my sister never once during the whole period of my incarceration came to visit me. I believe she was advised not to do so, but I am unable to say who "advised" her, nor can I fathom the reason.

Before continuing, there is one matter connected with Drayton House and other asylums, with which I have not yet dealt, except incidentally and in relation to the brutal acts of the nurses, and that is the power given to them to administer drugs. I have exposed one use they make of them, and I will now show for what other reasons they are frequently administered, and I think it will be allowed that the doctors of asylums have no right to place such dangerous weapons in the control of unskilled and possibly vicious people.

*The nurses were empowered to give sedatives just as they thought fit*, and one poor lady was made to take one because she did not want to put on a new dress, and, again, because she would not dress her hair in the way the nurse demanded, though it was always beautifully neat. With many inmates, this drugging by the nurse's orders was well-nigh constant and in any case far too frequent ; and, as these women were utterly irresponsible and reckless, and administered both narcotics and aperients for the slightest infraction of rules, the inmate's health was bound to suffer acutely.

But it may be asked why this dwelling on the question of drugging, when all that has been previously written shows clearly that the health of an inmate of an asylum is for the doctor and nurses seemingly the last consideration ?

There are many reasons, and one of the first is to tell the whole truth about the asylum treatment I underwent, which formed the subject of my complaints to the Lord Chancellor. This matter of drugging was one of the many items I gave in my statement to him, which his subordinates chose to deny, as having "no foundation in fact" ; but, as it is an habitual practice, the Commissioners have it in their power to-day to prove that, as regards drugging, I am not a liar or suffering from "delusions." Another reason is that, by this casual delegation of their duties to the nurses by the doctors, I prove my point that these asylums can only be regarded as places for detention and not for cure. Would any doctor of a general hospital contemplate such an interference with his treatment by any nurse ? Would he think it right to keep his patient in a continuous state of muddle and melancholia and induce great constitutional weakness by the

frequent use of opening medicine in large doses? Would he not also be afraid of setting up the narcotic drug mania, thereby filling instead of emptying the asylums? And would he threaten a patient with a morphia injection for any disobedience of his or his nurses' directions? But this "treatment" is the common experience of many asylums, and it is conclusive testimony to what I have already put forward, that in their estimation of their charges the officials never regard them in any other light than as automatons or "waxworks," whom to poison by excess of drugging could never be regarded as a serious crime. I do not believe that this drugging could ever be as bad anywhere else as it was at Drayton House, as this place, like another Yorkshire institution of evil memory, can only be described as a kind of maniacal "Dotheboys Hall." I must state that my condemnation is solely applicable to the female side of the asylum, my experience not extending to the male side.

There are two more questions arising out of my knowledge of asylum life both at Drayton House and elsewhere which require to be discussed. One is the right of alleged lunatics as to their interviews with Lunacy Commissioners and other bodies, and the other is in connection with their correspondence generally. As to their interviews with any of these official bodies, these should always be private as between the interviewer and the interviewed, unless there is a really genuine reason for apprehending violence. It is impossible for an alleged lunatic to speak freely in the presence of a nurse and one or more doctors, who, even if they say nothing, express by their faces and manner a silent but effective commentary

on every word uttered. This is not fair play to the inmate, and practically prohibits him making the impression intended, even if this were possible in the allotted time of two minutes; while as regards any complaints, however valid they might be, the telling of them becomes a matter of considerable delicacy and difficulty. It is not right that a regulation made by law, giving an inmate certain powers and advantages, should be entirely nullified at the moment of use, and it prevents any official from forming a just estimate of the claims put forward. It is true that the Act gives the right to a private interview, but this, as well as other rights, is, as I have found to my cost, mostly a dead letter.

Just the same principle holds good with regard to inmates' correspondence. In the case of letters to the Lord Chancellor, it is made obligatory by law that they shall be delivered unopened, but it is the reverse as to private correspondence. Many a letter I wrote was never received and I feel certain was never posted. Of the two, the private correspondence is the most important, as it might play a very essential part in procuring release, and it is far less likely to be docketed and pigeon-holed and otherwise effectively extinguished.

I will now make an ending of the rest of my memorial to the Lord Chancellor, which was inscribed under the heading of "*Generally.*"

"During the period that I was at Drayton House, I witnessed, almost incessantly, cruel and brutal treatment of patients, for which there was no justification whatever. I have had my own arms and legs twisted, and have seen other patients treated in the same manner. I am not able at this distance of time to give, in every case, names of patients and nurses, nor to give

exact dates. I have tried to complain to Commissioners and Visiting Committees of this cruel treatment, but without avail. Speaking generally, however, patients are afraid to make complaints, as it is generally thought that it is impossible to hope ever for freedom if they attempt to do so. These statements and facts I now submit to your Lordship in the hope that, after a perusal of the Statement, your Lordship will be able to induce the proper authorities to direct enquiries to be made as to the treatment of patients in asylums under detention orders, and that, consequent upon such enquiries, regulations may be framed for the protection and merciful treatment of such patients, and that it may be made someone's duty to see that the law, which is, I believe, framed for the protection of insane people, is not continually broken.

"I am giving this information to your Lordship after much consideration as to what is my best course to pursue to get such wrongs swept away, trusting that, when they come to your knowledge, it will be made impossible for them to continue."

I have given the reply of the Lord Chancellor to this document elsewhere, but evidently it was not (as I thought) my "best course," for it did not disturb the judicial calm of his attitude. Though justice to myself as well as to all the inmates whom I left in a state of misery is refused, there still remains one hope: that what the appointed "protectors" of the lunatic will not grant the fierce light of public opinion will now compel. I have set down some facts in the history of my twelve long years of imprisonment, and *I can honestly swear that the whole is absolutely true*—any slight errors which may have crept in with regard to names or place or occasion being so unimportant

there they could not be held to invalidate my testimony. But it is not only my sufferings during this period of time that I complain of, but the fact that the taint of an asylum life has altered the regard of my friends and relations. When freed from certificates and the control of Nurse Vane, it was my sad experience to find that there was no one to give me welcome, no one to offer me a home, so that I was constrained to spend another two weeks in Nurse Vane's house, until I could find a shelter of my own. I do not blame my relatives, as I had long ago perceived how completely deceived their minds had become by the official estimate of my sanity, and I can well understand their searchings of heart and the discomfort of their position now that I was proved right and the others wrong. My relatives, like myself, were drawn into the same vicious circle of unsupported evidence and unjust conclusions, from which there was no escape until the decisive verdict of Sir G. Savage utterly destroyed it. They could not do otherwise than be led by the judgment of those in whose charge I was placed, and, as these latter chose to regard my complaints as without foundation and therefore "delusions," my brother's views naturally became warped and poisoned. Throughout this statement I have endeavoured to make this fact quite clear, as I have never for one moment doubted the goodness of their intentions and wishes for my welfare, and the quotations I have given from their letters most obviously point to the evil influence under which they acted. I desire to remove any impression that there is any soreness in my heart towards them for their unintentional contribution towards my sufferings, for I love them still. I have suffered, it is only too true, and no one but myself can tell how bitterly, but

the same spirit which gave me courage to face all, and ultimately win my own freedom, will now help me to face and fashion what future remains to me.

Since my release I have not been idle, having worked hard in many branches to qualify for a nurse, and I am now the possessor of the following certificates :

British Red Cross Examination, No. 1989. March 23, 1912.

St. John's First Aid to the Injured. June, 1912.

Monthly Nursing Certificate by examination, Royal Maternity Charity. March 30, 1913.

Midwifery Certificate of Examinations, Royal Maternity Charity. May 29th, 1913.

Certificate of the Central Midwives Board Examination. June 16, 1913.

Certificate of having Studied and Acquired a Practical Knowledge of Dano-Swedish Exercises at Dr. Fletcher Little's School of Massage. September 22, 1913.

Certificate of Examination passed with "Honours" in Theoretical and Practical Massage, Nauheim treatment and medical electricity. November 7, 1913.

I hope I shall not be considered egotistical in quoting the above facts. I only mention them to justify the opinions of Sir G. Savage and Dr. Percy Smith, and in opposition to those of Dr. Eskell and Dr. Sampson; and I trust that even the Lunacy Commissioners will now admit that they afford some indications of a normal and well-balanced mind. I here give a letter from the Lunacy Commissioners, written to my sister :

Lunacy Commission,

66 Victoria Street, S.W.

11th June, 1912.

Madam,

I am directed by the Commissioners in Lunacy to inform you that Dr. Sampson, of Albion House, has recently examined Mrs. Grant-Smith, and, though he does not regard her as a person of normal and well-balanced mind, he could not now sign a certificate from facts observed by himself at the time of examination, and is of opinion that it would be in her interest that she should be released from certificates. In these circumstances the Commissioners think that you should authorise her discharge.

I am, Madam,

Your obedient Servant,

O. E. DICKINSON, *Secretary.*

I have written my story at some length, but twelve years represents a huge slice out of anyone's life, and a story such as mine requires much telling. I could have said much more, but that which I have already served up seems to me a dish sufficiently large and varied to surfeit most appetites, and further additions would only produce nausea. Now, all I look and hope for is Justice. Justice not only for myself, but for all those under detention orders; justice and merciful treatment. I deserve justice, for my story is true, and, being true, such sins as were committed against me cry to Heaven for judgment, and it would be a crime to let them be pigeon-holed, in a Government office, as "having no foundation." Again, if I have suffered unjustly for my many attempts to expose

these wrongs inflicted on myself and others, not only in my years of additional imprisonment, but in all the agony of a mental despair which knew no rest, am I not entitled to some compensation ? Am I not the more deserving because, too poor to maintain a case against those behind whose backs stand all the power and money of the nation, I am also precluded by the Lunacy Acts from bringing an action except within a period too limited for a woman who has been buried for twelve years ; and am I not so much the more entitled to compensation when I find that if I wish to prosecute anyone (which I do not) I should be unable to do so without trenching on my small remaining capital ?

In this hopeless position, and with every avenue closed, there is only one means of obtaining justice all round—justice to me, the accuser and sufferer, and justice to the accused—and that is by the appointment of a Royal Commission of Inquiry, whose duty it shall be to call all the parties concerned and take evidence on oath, such enquiry to be also public. If this elementary act of justice is granted to me, and the final judgment of such Commission be in my favour, both as to my sanity and the proof of my accusations, then I think I have a right to demand it, free of all expense to myself, and a full reinstatement in the eyes of the world by a public removal of the stigma of insanity. Though I have suffered enough torture and have faced many ordeals during the last twelve years, yet I will gladly welcome this enquiry if the powers that be will so order it, and, as witnesses on my behalf, I can offer many names of nurses and others at Drayton House, Barkington and Albion House.

Last, but not least, and in spite of his adverse

verdict, which I am sure was only wrung from him in support of the Lunacy Commissioners, I will give the name of Dr. Sampson, as he informed me that he never saw me do or heard me say one unreasonable thing, and that, if I could establish the truth of my accusations, he would then consider me "perfectly right and normal."

All these can bear testimony as to my complete sanity, and Nurse Wales can also say that when Dr. Sampson asked what was wrong with me she answered, "Nothing. I had to sit in the room with her all the night on her arrival, and she was perfectly right then and has never been anything else." When I went "out on trial," the nurses who took me to Nurse Vane told her that as I was then so she would always find me; that I never varied and was always from the moment they saw me the same. Call all these witnesses and their verdict will be the same; ask some of them, also, if they have ever in their experience seen or heard of such acts of brutality as I have enumerated, and their answers will be yet another proof of my sanity. But, if my testimony is proved to be true, what can be said of the alleged sanity and good faith of the doctors and all the official bodies to whom I so constantly complained, but whose mental capacity proved unequal to a greater strain than the expression of a simple disbelief? Will it not be necessary to have them examined and certify them "as not possessing a normal and well-balanced mind," because, though the evidence was at hand, they had not sufficient intelligence to test it before pronouncing their ready-made decisions of "no foundation in fact"?

I have now completed the tale of my own and others' misfortunes. I think I have demonstrated that

there are many weak spots in the Lunacy Acts, which, by providing a too open door for certification without proper and adequate enquiry, are calculated to inflict, in many cases, a most grievous wrong. I have also pointed out that there are still more weak spots in their administration, and that, however good the safeguards provided may appear on paper, in practice they are worthless. In writing this I know I am but stating the difficulty which is at the root of all administration, namely, the personal question and the fact of human frailty; but it is the duty of the State to provide against even that contingency, more especially where the liberty of the subject is at stake. But, whatever additional safeguards may be thought necessary—and that I must leave to wiser heads than mine—there is one fact which stands out clearly: all these Lunacy Departments, from the highest to the lowest, require thorough overhauling, and can only be brought to complete efficiency through the instrumentality of a *full and free enquiry*.

## THE LEGAL ASPECTS OF THE CASE

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As already stated in the Introduction, the story contained in the preceding pages raises so many points connected with the administration of the Lunacy Laws that I make no apology for reprinting, with the editor's consent, the admirable comments and suggestions which accompanied the first publication of the story in the columns of *Truth* during the summer of 1914, and in a subsequent issue in March, 1920. No journal during the last quarter of a century has advocated so ably and consistently the claims of the insane and has done more for the cause of Lunacy Reform than the journal in question, and I count it a privilege to be permitted to embody in these pages so searching a criticism of the legislation bearing upon Mrs. Grant-Smith's case. I have left out, when necessary, a few redundant paragraphs, and have added, as occasion offered, a few illustrative and explanatory notes.—ED.

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### LAW-MADE LUNACY

[REPRINTED FROM *Truth*, JULY 15, 1914]

SHORT of being wrongfully condemned to death, there are few more awful calamities than for a sane person to be officially branded as insane and relegated to im-

prisonment in a lunatic asylum. In many respects it is worse than wrongful imprisonment for crime. Whenever there is reason to believe that a wrong of this terrible nature has been done, the utmost publicity should be given to the facts, not only as a tardy act of justice to the victim, but as a warning to the public of a terrible danger from which few are wholly exempt, and as an incentive to increased care and vigilance on the part of those concerned in the administration of the lunacy laws. At the same time, nothing is more difficult than to establish conclusively any individual abuse of lunacy law or administration. One of the most terrible results of certifying a person insane is that henceforth for ever, even after being officially discharged, that person is under suspicion as a witness both in regard to his own wrongs and in regard to any wrong to others that he may have witnessed during the time that the stigma of insanity has been upon him. It has been my fate to hear and read the narratives of innumerable inmates and ex-inmates of lunatic asylums, but in the vast majority of them this difficulty of presenting the narrator before the public as a credible witness has prevented any public ventilation of the alleged wrongs, however inclined one might be personally to believe the truth of them.

In the case to which I am now going to call attention this difficulty is smaller than it has ever been in my experience. It is the case of a lady who was discharged about two years ago after twelve years' incarceration in various asylums. The circumstances under which she was certified, as will be seen more in detail presently, raise the strongest presumption that there never was any adequate ground for pronouncing her insane, or that she has ever suffered from any delusion,

as the word is used in medical practice. She was introduced to me by a gentleman who knew her before the date of her certification, and has interested himself on her behalf since. This gentleman was formerly himself a medical practitioner ; he is now a barrister in practice in London. He is, therefore, specially qualified to form an opinion on the case, both on its medical and legal side. He has himself taken down and put into shape the lady's voluminous narrative of her experiences, and she, her perfect sanity being now unquestioned, has sworn to this statement as a statutory declaration by way of giving as much authority and emphasis to it as possible. Her friend writes in regard to it : " As a barrister and a doctor I have carefully gone into every statement contained in this affidavit, and as I have also known this lady for thirty years I can confidently support not only her absolute *bona fides*, but her complete mentality and exact memory." The lady was ultimately discharged from her status as a certified lunatic upon the opinion of two specialists in mental disease, the late Sir George Savage and Dr. Percy Smith. Sir George Savage saw her twice, and after the second examination gave the following opinion :

Having for a second time had a long conversation with Mrs. ——, I have failed to discover any symptom of mental disorder. *Her memory is good and exact.* She is free from any sensory disorder, and she seems to me to be free from any symptoms leading to social or personal danger. She appears to be quite capable of controlling herself and her affairs.

This opinion in regard to her memory, confirmed by the gentleman who introduced her to me, is of special importance in its bearing upon the lady's account

of the circumstances of her certification and her experiences in asylums, some of which are of the most shocking character. I may add, for what it is worth, that I have myself had several long interviews with her. Her memory of everything that she relates appears to be exceptionally clear and precise, her statements have never varied in the slightest degree. She appears to be of a singularly calm, self-possessed, and matter-of-fact temperament, and I never met anyone less open to suspicion of romancing, imagining, or exaggerating in what she relates and describes. It has also to be mentioned that she evinces no trace of resentment against her relatives, who consigned her to an asylum and kept her there for twelve years, nor, indeed, against anybody else. She is so averse to exposing her relatives to unfavourable remark that in deference to her strong wish I shall refrain from mentioning either her name or those of her brothers and sisters, and we will know her in what follows as "Mrs. G."

So much by way of preface. We will now come to the details of Mrs. G.'s case, which may be grouped under three heads: (1) the circumstances under which she was certified and committed to an asylum; (2) the reasons for her prolonged detention, and the circumstances under which she obtained her release; (3) the allegations she makes as to some of the horrible abuses in various asylums where she was confined.

#### WALKING INTO THE TRAP.

Mrs. G. had been married for nineteen years when, in the year 1900, her husband, a country medical practitioner, died suddenly under exceptionally painful circumstances from morphia poisoning. The effect of the shock which she thus received may be best given in her own words:

The terrible circumstances connected with my husband's death plunged me into a state of profound melancholy ; life did not seem to me worth living, and the intense shock I had received threw me, not unnaturally, into a depressed condition, which I found it very difficult to shake off. I became so thin that I felt it necessary to take medical advice, and consulted Sir James (then Dr.) Goodhart, of Portland Place, on July 2, 1900. During the consultation he informed me that though I had suffered such a severe shock it would take me months to recover ; still there was nothing wrong with my health which need cause me any anxiety. He advised me to remain with my mother, with whom he was acquainted, and that in a short time I should feel quite different and wonder how I could feel as I did then.

Mrs. G. followed this advice, but, finding herself quite unfit for society, she went to St. Anne's-on-Sea for a time with a nurse. After a few weeks, on the advice of her brother, who is an officer in the R.A.M.C., she agreed to go for a short time for a rest cure to the Cheadle Royal Asylum, in Lancashire. She did this quite voluntarily.

The step thus taken by this unfortunate lady in absolute ignorance of the danger before her, and of the law which was about to be put into operation against her, was the prelude to twelve years of imprisonment under the Lunacy Act. The trap seems to have closed upon her almost instantaneously. She entered Cheadle Asylum in the first week of August. In about ten days she was a certified lunatic, though utterly ignorant of the fact. Here is her own account of what followed (see p. 55).

One of the features in this case which particularly calls for attention is that almost till the last day of her imprisonment the lady was unaware of any of the

formalities by which she had been converted into a certified lunatic, as well as utterly ignorant of all the provisions of the law under which she was being detained.

Let us next look at the documents in which this twelve years' imprisonment originates. Mrs. G. was certified on the usual petition, presented, without her knowledge, by her sister. The particulars attached to the petition stated that this was the first attack of insanity ; that it had lasted about three weeks ; that the supposed cause was grief ; that it was doubtful whether Mrs. G. was "suicidal" ; that she was not dangerous to others ; that no near relative had been afflicted with insanity ; and that the reason why the certificate was not signed by the usual medical attendant was "that she was attended by her husband, lately deceased." As required by the Act, the petition was accompanied by two medical certificates—doubtless those of the two gentlemen to whom Mrs. G. refers as having spoken to her in the garden of the asylum. In the prescribed statutory form, the two doctors stated that they had come to the conclusion that Mrs. G. was a person of unsound mind, etc., on the following facts observed by them :

DOCTOR No. 1.

She is very depressed, will only with reluctance speak when she is spoken to ; says that she was tempted to poison herself, as it was no use living.

DOCTOR No. 2.

She was melancholy and depressed. She said she had no desire to live, and would like to put an end to herself. She said she was afraid to go out because she was constantly followed by a number of people who were watching her. She did not know for what reason they did so.

On this evidence a justice for the county of Chester, appointed under the Lunacy Act, made a reception order in the usual form, declaring at the same time that he "had not personally seen the alleged lunatic."

#### THE EVIDENCE OF INSANITY.

Now, what does this evidence amount to? It certainly is not evidence of insanity that a lady who has recently lost her husband under very tragic circumstances is melancholy and depressed, or that a lady accosted by a stranger in the grounds of an institution where she is voluntarily taking a rest cure should speak with reluctance when spoken to; it is, indeed, amazing that under these circumstances the doctor should attach the slightest importance to the lady speaking with reluctance. What else could he expect? That she should say that she had been tempted to poison herself, as it was no use living, might conceivably have some significance in conjunction with more direct proof of suicidal intent, but by itself it does not go beyond the undoubted fact that the lady was suffering from acute depression, which had made her seriously ill, and which was the reason of her being in Cheadle Asylum for a rest cure. Mrs. G. herself denies that she said anything more than that she had no desire to live or that there was no use in doing so, which she admits was the state of her mind at the time. She would have traversed at that time the accuracy of the doctors' report of the conversation if she had had the opportunity of doing so. What is more important is her statement that these confessions were extracted from her by a sort of cross-examination in which this point was pressed. I call attention to the iniquity of examining in this way a person in danger of incar-

ceration for life, but ignorant of the fact, and subsequently using the evidence against the victim without her having any opportunity of reply—a procedure utterly repugnant to English law. A policeman cannot take a statement even from a person charged with petty larceny without warning him that what he says will be evidence against him. A person charged with being insane is not only without this protection; he does not even know that he is talking to a representative of the law—it may be an *agent provocateur*.

In the evidence of Doctor No. 2, however, we have what appears at first sight to be an insane delusion—namely, that the lady was afraid to go out because she was followed by a number of people, who were watching her. Ugly as it looks, there was a perfectly simple and sufficient answer to this fact, had it ever been looked for. Mrs. G. during her stay at St. Anne's-on-Sea had been attended by a local practitioner, and had been treated with narcotic drugs. Probably the same treatment had been followed during the few days she had been at Cheadle; she herself states that this was the case. It is an idiosyncrasy of Mrs. G. that some drugs produce in her the symptom here noted by the certifying doctor. She states that she had previously had the same impression that people in the street were watching and following her after her husband had given her a narcotic. Her statement on this point is conclusively established by the gentleman who introduced Mrs. G. to me. This gentleman, as already mentioned, is a medical man himself. He knew Mrs. G. and her husband when the latter was in practice in his own neighbourhood. He states that on one occasion when they were in his company the husband told him that he had given his wife a small dose of Indian hemp, and

that afterwards when she was driving with him she complained to him of the people watching and following her. Both the husband and wife laughed over this as an amusing experience. Any adequate enquiry into the patient's condition must have elicited this important evidence. The fact that it was not elicited shows conclusively how inadequate the investigation was.

Again, the Lunacy Act most wisely requires that one of the certifying doctors shall be, if possible, the usual medical attendant of the supposed lunatic, and that, if he does not certify, the reason for his not doing so shall be explained upon the forms. Hence the statement above mentioned that Mrs. G. had no usual medical attendant, the reason being that she had been attended by her late husband. This is literally accurate. But, nevertheless, this lady had been staying for three weeks at St. Anne's-on-Sea, where she had been seen and treated by a local practitioner; and, what is of more importance, she had herself only a month previously consulted Sir James Goodhart, who knew her mother, and had seen Mrs. G. professionally upon a previous occasion. There were, therefore, two doctors whose evidence as to the patient would have been as good as that of the two Cheadle doctors who had the casual conversation with her; and it seems probable as Mrs. G. herself believes, after referring to him, that had Sir James Goodhart been consulted he would have saved her from the dreadful fate of certification under the Lunacy Act. Here, again, therefore, evidence was overlooked which would have been elicited at a proper enquiry.

#### THE RIGHT TO GO BEFORE A "JUDICIAL AUTHORITY."

It will be noted that the justice of the peace who made the reception order consigning Mrs. G. to the

asylum declares he had not personally seen the alleged lunatic. This is in accordance with the form required by the Act. But the Act goes on to make the following provisions as regards the case where the magistrate has not seen the patient personally :

8.—(1) When a lunatic has been received as a private patient under an order of a judicial authority without a statement in the order that the patient has been personally seen by such judicial authority, the patient shall have the right to be taken before or visited by a judicial authority other than the judicial authority who made the order, unless the medical officer of the institution, or, in the case of a single patient, his medical attendant, within twenty-four hours after his reception, in a certificate signed and sent to the Commissioners, states that the exercise of such right would be prejudicial to the patient.

(2) Where no such certificate has been signed and sent, the manager of the institution in which the patient is, or the person having charge of him as a single patient shall, within twenty-four hours after reception, give to the patient a notice in writing of his right under this section, and shall ascertain whether he desires to exercise the right ; and if he, within seven days after his reception, expresses his desire to exercise the right, such manager or person shall procure him to sign a notice of such desire, and shall forthwith transmit it by post in a prepaid registered letter to the judicial authority who is to exercise the jurisdiction under this section or to the justices' clerk of the petty sessional division or borough where the lunatic is, to be by him transmitted to such judicial authority, and the judicial authority shall thereupon arrange as soon as conveniently may be either to visit the patient or to have the patient brought before him by the manager or person, as the judicial authority may think fit.

Now Mrs. G. states positively that no communication was made to her under Section 8, and she had no know-

ledge of this Section until I called her attention to it. Either the medical officer must deny her statement, or he must have certified to the Lunacy Commissioners—for what reason it is impossible to conjecture—that the exercise of the right to see a judicial authority would be prejudicial to the patient, which presumably means prejudicial to her health. As Section 8 makes failure to perform any of the duties specified in it a misdemeanour, I express no opinion on the issue raised by Mrs. G.'s denial that the law thus laid down was observed. But this is not the first or the second time that I have heard of the provisions of Section 8 being disregarded, and, if the Cheadle medical officer in Mrs. G.'s case gave a certificate under this section, it would be very useful if the Lunacy Commissioners could be moved to produce it, in order that the public may judge on what sort of grounds the Commissioners allow the invaluable statutory right conferred by this Section to be cancelled by the Superintendent of an Asylum.

#### THE INFRINGEMENT OF THE ACT.

From what has now been said it will be seen that the tragedy which befell this unhappy lady is in all human probability the result, in the first instance, of the inadequate and perfunctory investigation of her mental condition which preceded her certification, and subsequently of the denial to her, for whatever reason, of the right of appeal given by Section 8. I shall now endeavour to show that the fault lies, if not in the direct violation of the Lunacy Act, at any rate in a slipshod administration of it, and the observance of its salutary provisions in the letter rather than in the spirit.

The cardinal principle of the Lunacy Act is that an

order for the reception of a patient into an asylum shall only be made after a judicial enquiry by an authority constituted for this purpose. There is provision for a temporary (seven days') order in cases of urgency, but this is subject to the general principle.

Sections 4 and 5 lay down the rules for the presentation of a petition to the "judicial authority," usually a justice of the peace specially appointed for this duty. The provisions of Section 6 are as follows :

Upon the presentation of the petition the judicial authority shall consider the allegations in the petition and statement of particulars and the evidence of lunacy appearing in the medical certificates, and whether it is necessary for him to see the alleged lunatic ; and, if he is satisfied that an order may properly be made forthwith, he may make the same accordingly . . .

It is obvious that there may often be cases where the statements of the petitioner, backed by two medical certificates—one from the usual medical attendant of the alleged lunatic—may place the fact of insanity beyond all reasonable possibility of doubt. That is the case here provided for, but the provision is a danger, of which more anon. Section 6 continues :

Or, if not so satisfied, he shall appoint as early a time as practicable, not being more than seven days after the presentation of the petition, for the consideration thereof ; and he may make such further or other inquiries of and concerning the alleged lunatic as he may think fit . . .

The judicial authority, if not satisfied with the evidence of lunacy appearing by the medical certificates, may, if he thinks it necessary to do so, visit the alleged lunatic at a place where he may happen to be.

The petition shall be considered in private, and *no one except the petitioner, the alleged lunatic (unless the judicial authority shall in his discretion otherwise order).*

*and one person appointed by the alleged lunatic for that purpose*, and the persons signing the medical certificates accompanying the petition, shall, without leave of the judicial authority, be present at the consideration thereof.

At the time appointed for consideration of the petition the judicial authority may make an order thereon or dismiss the same, or, if he thinks fit, may adjourn the same for any period not exceeding fourteen days for further evidence or information, and he may give notice to such persons as he thinks fit of the adjourned consideration, and summon any persons to attend before him.

It is further provided by Section 9 (2) :

Every judicial authority shall, in the exercise of the jurisdiction conferred by this Act, have the same jurisdiction and power as regards the summoning and examination of witnesses, the administration of oaths, and otherwise as if he were acting in the exercise of his ordinary jurisdiction, and shall be assisted, if he so requires, by the same officers as if he were so acting, and *their assistance under this Act shall be considered in fixing their remuneration*.

Putting together Sections 6, 8 and 9, the intention of the Act is beyond all question. Unless the facts given in the petition and certificates are conclusive upon the face of them, the magistrate is to hold what is to all intents and purposes a private trial, at which the lunatic has the right to be represented, and to be present unless the magistrate thinks it undesirable; at which evidence is to be taken on oath, as in any other judicial proceeding; and which can be adjourned for the production of further evidence if the court thinks it necessary. I have italicised the concluding words of Section 9 (2) because they show that the authors of the Act contemplated that these trials would throw much extra work upon the officials of the

courts on which this new jurisdiction was conferred. Whether such a trial is held or dispensed with as superfluous, no person is to be committed to an asylum under certificates without being personally interviewed by a "judicial authority." The mere opinion of a couple of doctors is not to be sufficient. For the protection of the liberty of the subject "judicial authority" is interposed between the alleged lunatic and the wishes of relatives and the opinions of doctors. An issue is raised on which this authority is to adjudicate in precisely the same way as upon a criminal issue involving imprisonment, only dispensing with a formal trial when the *prima facie* evidence establishes a state of facts in which such procedure is manifestly superfluous.

Now I say with confidence that this intention is habitually disregarded, as it clearly was in Mrs. G.'s case, and there is good reason to believe that it is a dead letter. If that is not the case, I invite the Lunacy Commissioners to inform the public through *Truth* how often since the Act was passed reception orders have been made after an enquiry on oath in the presence of the petitioner and the alleged lunatic or his representative. If the Lunacy Commissioners do not care to give that information, I invite any M.P. who feels the slightest interest in the observance of laws after Parliament has passed them to move for a return of the reception orders made during the last ten or twenty years, with particulars showing those which have been made under Section 6 without the judicial authority seeing the alleged lunatic, those which have been made after an enquiry under the same section, and those where the alleged lunatic has exercised his right to go before a judicial authority under Section 8.

But whatever such a return may reveal in regard to

the general practice, there is no room for doubt that the process of "seeing" the alleged lunatic, as required by the Act, is very frequently, if not always, a matter of empty form, and a gross evasion of the law. Two examples of such evasion have been given in *Truth* within the last two years, and in considering the significance of two examples it must be remembered that the validity of the proceedings is not questioned in one case out of a thousand. In a case I heard of a few years ago the alleged lunatic was taken in a cab to a petty sessions court-house, a magistrate came out, put his head into the cab, said, "Are you Mr. ——?" and, on receiving an affirmative reply, departed, to declare upon the statutory form that he had personally seen the man. From what I have been told by people of experience, I believe this to be a fair sample of the way in which the Great Unpaid interpret the momentous duty which the Legislature has laid upon the "judicial authority" for the protection of the liberty of the subject. Having never studied the Act, or being incapable of appreciating its intentions, and having never been instructed in their duty, magistrates conceive that if two doctors certify that a man or woman is insane it is not in a magistrate's province to question their opinion. Thus what has been entrusted to them as a judicial function becomes a meaningless formality performed as a simple matter of routine.

#### LEGISLATION REQUIRED.

This is a matter urgently requiring the attention of the Lord Chancellor, who is the official protector of all lunatics. The Lunacy Act of 1890, which we owe primarily to the ability and pertinacity with which the late Mrs. Weldon exposed and avenged the wrong

inflicted upon her, is in the main an admirable piece of legislation.\* But between them the magistrates, the doctors and the Lunacy Commissioners have contrived to rob it of half its value for the protection of public liberty. The Act requires to be amended in such a way that no person shall be permanently committed to an asylum for lunatics till after he or she has had a full opportunity of appearing in person, or by a qualified representative, at a formal enquiry, where all the evidence shall be taken on oath. It ought to be made absolutely impossible for any person capable of understanding his or her position to be condemned to permanent detention in a madhouse without knowing what has been done—as has happened to many, especially women. The first step to that end, in my humble opinion, is to strike out the clause in Section 6 (1) which requires the judicial authority to consider whether it is or is not necessary for him to see the alleged lunatic, and authorises him to make a reception order forthwith. Urgent cases can be dealt with temporarily as their urgency requires, but the “judicial authority”—in the sense of an authority hearing both sides of a case and giving a decision on the evidence—should come into operation before even the most hopeless lunatic is finally relegated to asylum life. Secondly, a clause should be added to Section 6 making it incumbent upon the judicial authority to explain to the alleged lunatic, when first seeing him personally, the nature of the proceedings against him and his rights under the Act, and to notify him of the terms of the

\*In the opinion of most competent judges it is quite the reverse, full of defects, flaws, and contradictions, and showing the characteristics of a building that has been added to at different times, by different architects, with different ideas of style, and different materials.—Ed.

reception order when it is made. The judicial authority should be given to understand that he is for the time being the protector of the alleged lunatic, and bound to give him what assistance he can. If the law were thus amended, Section 8 could be repealed, as the reception order would never be completed until the case had been properly investigated by judicial authority. Otherwise Section 8 should be so amended as to ensure, by other evidence than that of the medical officer of the asylum, including that of the alleged lunatic himself, that he has had due notice of his rights under the Section and does not desire to exercise them; and also that the propriety, in his interest, of suspending the operation of this Section should not be finally determined by the medical officer alone.

## THE INSUFFICIENCY OF THE PETITION

[REPRINTED FROM *Truth*, JULY 22, 1914]

Before resuming the story it will be convenient to mention another point in which amendment of the Lunacy Act is required in addition to those already specified. This is the inadequacy of the statutory form in which particulars of the case are required to be given by the petitioner. The form requires no statement of the petitioner's reasons for supposing the patient to be insane, no description of the symptoms observed, no statement of the petitioner's opportunities for observing them. The only particular asked for which may convey definite evidence of insanity is, "When and where previously under care and treatment as a lunatic." Assuming the case to be a first attack, the petitioner is asked to state "Whether suicidal, whether dangerous to others, and in what way"; but these are matters of opinion; it may be of second-hand opinion. The other particulars asked for (beyond mere matters of form) are "Whether first attack," "Duration of existing attack," and "Supposed cause." All this presupposes the fact of insanity—the very question which the Act requires to be investigated!

In the case under notice the sister, who presented the petition, stated on Form 2 that it was the first attack, and that its duration was about three weeks. This was on August 15. The patient had then been in Cheadle Royal Asylum eleven days as a voluntary

patient undergoing a rest cure.\* The petitioner states that she had last seen her sister on August 4. Prior to that, according to the patient ("Mrs. G.") herself, her sister had not seen her for a month. The two sisters only met on August 4 for an hour or two, when Mrs. G. was on her way to Cheadle Royal. She was going to Cheadle on the advice of her brother (a medical man), who told her that she need not be there more than two or three weeks, and who accompanied her to Cheadle. At that time, therefore, the brother did not consider her insane, and the sister had no real opportunity of forming an opinion of her own, and must have been guided by the medical opinion of the brother. Yet eleven days later the sister presents this petition, describing Mrs. G. as suffering from an attack of insanity, and giving the duration of it as *about three weeks*, and on this Mrs. G. is converted into a statutory lunatic for twelve years! It is obvious that had any proper enquiry been held by the "judicial authority," as the Act contemplates, in the presence of the petitioner and the alleged lunatic, these facts must have come out, and the worthlessness of the petition as any evidence of the facts alleged in it would have been manifest, even to the intelligence of a J.P.

Another fact which would have come out is that the petitioner had misstated the patient's address. Form 2 asks for "Residence at or immediately previous to the date hereof." The address given was the one at St. Anne's-on-Sea, where Mrs. G. had been residing for two or three weeks, leaving for Cheadle on August 4. On August 15, the date of the petition, she had been resid-

\* *Vide* note on p. 31 for the legal rights of a "voluntary boarder" which appear to have been infringed, or rather violated, in this case.  
—Ed.

ing for eleven days at Cheadle Royal Asylum as a voluntary patient. Why this fact was concealed on the petition the petitioner or those who prepared the document for her signature best know. But anybody can see that it is a material fact for the "judicial authority" to know who has to deal with the petition. If the "judicial authority" did his duty, he would naturally want to know why, if on August 4 the lady's relatives took her to the asylum as a voluntary patient, they came to the conclusion eleven days later that she was suffering from an attack of insanity which had begun three weeks earlier. On the petition, therefore, no less than on the medical certificates (dealt with last week) this case shows how much need there was for further enquiry, if the intention of the Act in regard to petitioner and respondent and other witnesses appearing before the "judicial authority" and giving evidence on oath had been carried out.

#### THE NEED OF MENTAL HOSPITALS.

Another general observation suggests itself in looking at the case of Mrs. G., as presented last week. It is the urgent need of an amendment of the law which will render possible the proper medical treatment of persons requiring it before the fatal step is taken of officially branding them as lunatics and consigning them to madhouses. This subject has been fully discussed in **TRUTH** when previous examples of "law-made lunacy" have been under notice. It has been pointed out that in the ordinary lunatic asylum, where hundreds of unfortunate beings suffering from mental disease in a great variety of shapes and in all stages are indiscriminately herded together under the management

of a few doctors, efficient individual curative treatment is impossible, and that in very few cases is there even a pretence of it, while the associations and conditions are entirely inimical to recovery in any case where recovery is possible. The opinions of eminent specialists in favour of a reform of this system have been cited. During the last few weeks there have been signs of an active agitation against the abominable stupidity and cruelty of this system, and there is hope that before long it will be forced upon the attention of Government and Legislature.

The case of Mrs. G., is a striking example of the need of reform. Here we have a lady stunned and broken down by the shock of a terrible domestic tragedy—a case, I suppose, of what is now generally called “nervous breakdown.” Her bodily health is so much affected that she consults Sir James Goodhart. Among other things, she cannot sleep, and she is dosed with narcotics by a general practitioner and by the doctors at Cheadle Royal when her friends induce her to go there for a rest cure. She is reduced to the lowest depths of depression, and admits to doctors that she does not see what she has to live for. If a medical specialist says that her mind was unhinged, I daresay that is a fairly accurate expression. But what she obviously requires is individual care, cheerful companionship, pleasant surroundings, everything calculated to keep her from brooding on her troubles, and, for the rest, time for the effect of the blow to wear off. Imagine a lady in this condition, torn from her friends, deprived of her liberty, and suddenly thrown into the awful surroundings of a madhouse, without a chance either of intelligent medical treatment or any of the conditions essential to her recovery. Are there any words

for this procedure except "stupidity and cruelty"? It ought to be made impossible that such a thing should be done.

### TWELVE YEARS' IMPRISONMENT.

Mrs. G. was confined during the time in five asylums in all parts of England, moved about like a piece of furniture from one warehouse to another at the instance of her friends, and apparently scarcely knowing the reason, unless in one instance. What was her mental condition during all these years? At the outset it would seem that the despondent and apathetic condition which led her to enter Cheadle Asylum in the first instance remained upon her. How long it lasted I have no means of saying; but her memory of all that passed is clear and exact, and one gathers from her conversation that, as the effect of the shock which she had received wore off, she gradually recovered her normal health and mental condition. I do not think there can be the slightest doubt that after the first few months of her detention she was precisely as free from anything that could be called mental disturbance or disease as Sir George Savage and Mr. Percy Smith found her at the end of that time.

### THE REAL REASON FOR DETENTION.

Yet it is certain that the superintendents of one asylum and another must have had reason for detaining the lady all these years. What was the reason? Of one, and that a very potent one, there is very clear evidence. In the fifth year of her detention Mrs. G. was removed to an asylum which would seem to have

been, as the inmates and nurses described it, "a hell on earth." Up to this time she had borne everything that fate brought her with only too patient submission. But she had recovered, so far as she was ever likely to, her strength and spirit, and she was at last driven into revolt—less by regard for herself than by sympathy with the appalling sufferings of the unfortunate creatures around her. Notices are exhibited in every asylum informing the inmates of their right to communicate with the Lord Chancellor. Mrs. G. availed herself of this right, and set to work to inform the Lord Chancellor of the things that she had witnessed in this asylum, and to demand an enquiry into the management of the place. Of course, nothing that could be called enquiry really resulted. Officialdom in London mentioned the matter to officialdom on the spot; Lunacy Commissioners looked in and talked to the Superintendent. Officialdom on the spot had no difficulty in convincing officialdom in London that Mrs. G. was one of those lunatics whose delusions take the form of imagining that they and others are ill-treated in the best of all possible asylums. The only result was to print the brand of lunacy on Mrs. G. much more deeply and indelibly than before, for she was now a lunatic of the most obnoxious and dangerous type—the type which seeks to bring discredit on lunacy officialdom in general.

*That this was the real reason for Mrs. G.'s prolonged detention is pretty evident upon her narrative.\* Before she communicated with the Lord Chancellor she had written to her brother some account of what she had seen at this particular asylum. She was at that time feeling very ill from the effect of her surroundings at*

\**Italics mine.—ED.*

this place, and believed that she could not survive what she was going through. She, therefore, gave this document to the Superintendent, requesting him to hand it to her brother in the event of her death. Shortly afterwards the Superintendent reproved her for telling "lies," told her that she would have to alter, and had her removed to the refractory ward. Obviously this must have been done as a punishment and a deterrent, and it can only be explained by the Superintendent having discovered the contents of the document entrusted to him. Observe the inference from this. The Superintendent does not treat the patient's statements to her brother as insane delusions, but as "lies"—that is to say, deliberate false statements by a person who knew the falsity of what she was saying. In punishing her by sending her to the refractory ward he so far admits her sanity. Yet—such is the inconsistency of lunacy administration—when Mrs. G. subsequently made similar statements to the Lord Chancellor they were treated as insane delusions and made the pretext for refusing her discharge for many years.

One of the brothers wrote on one occasion, when Mrs. G. was agitating for her release, that "he would not think of getting her released while she imagined things that had not occurred"—a striking example of the extent to which the relatives of a person once pronounced insane are dominated in their judgment by what they are told by officials. When in her last asylum Mrs. G. after discussing the matter with the Superintendent—a gentleman of whom she speaks very highly—wrote a re-statement of her allegations to be handed to the next Lunacy Commissioner who visited the place. To this Commisioner, when he arrived, she also urged her request to be examined by an inde-

pendent specialist. The request was refused, *and it is quite clear that the statement in regard to the atrocities was the reason for refusing it.*\* The Commissioner told her that he would not take her papers or make any enquiries, "because at the time when these acts had occurred she had not complained"—a ludicrous mis-statement, the falsity of which could be refuted in a moment by reference to official records. He went away and saw Mrs. G.'s brother, who wrote to her: "He (the Commissioner) unfortunately thinks, as others do, that you are not well enough to be freed from certificates."

Perhaps the most significant fact is what happened after Sir George Savage had given his second opinion. The Commissioners on receiving it forwarded it to the Superintendent of the asylum for report. This gentleman, after catechising Mrs. G. at some length, told her that "he could not consider her normal, *because the accusations she had made of foul and brutal treatment were too terrible to be believed.*" When one who was apparently an open-minded and well-intentioned man was so influenced by Mrs. G.'s accusations against other asylums as to differ from Sir George Savage on this ground, it can hardly be doubted that the doctors who had had her under their charge for the previous five or six years must have been actuated by the same reason in pronouncing judgment upon her. It is due, however, to the last doctor to state that, though he would appear from the documents to have given the Commissioners the same opinion which he expressed to Mrs. G. herself, he did not oppose her release, and it was granted immediately afterwards.

I think it will be clear from this that the reason

\**Italics mine.—Ed.*

for Mrs. G.'s detention for the last six or seven years of her time was that which I have given above. What is to be thought of it as a reason? Had the Lord Chancellor or the Lunacy Commissioners made any intelligent attempt to test Mrs. G.'s allegations, I will not say by holding a searching enquiry into the management of the institutions affected, but merely by examining the lady personally, I do not believe they could possibly have dismissed the allegations as insane delusions. They would have found the lady's memory of everything that happened from the time she first entered Cheadle Royal "good and exact," as Sir George Savage, after examining her, pronounced it. They would have found that she discriminated judiciously and rationally between the conditions existing in the various institutions that she visited, without the slightest trace of hallucination in her account of what she had seen. They would have found—at any rate towards the end of the time—that she had repeated her statements, and could still repeat them, giving the names of nurses and patients, and every detail of every incident, without the slightest variation in her statements. They would have found that for two or three years, during the time of the most horrible of the occurrences she relates, she kept a diary in which she noted down many of them as they occurred; more than this, that on one occasion, by way of establishing a convincing record, she sketched from life one of the patients in the shocking condition which she describes; and that when at a subsequent date one of the nurses got hold of her diary and tore out a few pages this sketch was destroyed among the rest. I am curious to know whether lunacy specialists know of any case in which the victim of an insane delusion has drawn a picture of what she has seen in

order to preserve a graphic record of it for future use.

I assert, then, positively that any independent person who took the trouble to study carefully all that Mrs. G. has to say must have recognised that it could not be dismissed as hallucination, *and that it constituted an irresistible *prima-facie* case for a searching enquiry into the administration of at least three out of the five asylums she resided at,\** though of one of them beyond all the others. Such enquiry might conceivably—especially when one remembers all the vested interests that would be banded together to defeat it—have resulted in the vindication of the parties accused. In that case Mrs. G., right or wrong, must have suffered, as we all have to suffer, for saying things which she cannot prove satisfactorily. But to take her statements by themselves, reject them on the *ipse dixit* of this medical officer or that, *and then use them as proof of her insanity and a reason for keeping her in confinement for some six years longer \** is iniquitous. Again I say such a thing ought not to be possible.

#### ANOTHER DEFECT IN THE LAW.

There arises here another point in which Mrs. G.'s case shows a need for amendment of the Lunacy Act. For several years—I think six—this unhappy lady was continually imploring that her condition should be investigated by an independent specialist. She asked her friends, she asked the asylum authorities, she asked the Lord Chancellor, and the Lunacy Commissioners. Wherever she turned in her despair she was refused—for the reason just described. As soon as it was granted

\**Italics mine.—Ed.*

she obtained her release. It is impossible to doubt that had it been granted six years earlier the result would have been the same; for the reason for refusing it—her persistence in her charges against asylum management—remains precisely as strong at this moment as it was at any time during the six years that she was making those charges from inside asylums.\*

Now the Lunacy Act provides that an order for the examination of an asylum inmate by two medical practitioners authorised by the Commissioners may be obtained from the Commissioners “upon the application of any person, whether a relative or friend or not, who satisfies the Commissioners that it is proper for them to grant such an order.” What reason is there why the patient himself should not be able to obtain such an order? If the examination did not lead to release, no harm would be done to anybody; the lunatic would possibly be relieved of a sense of wrong and injustice, and helped towards a proper appreciation of his condition; it would only cost a few guineas. On the other hand, it would afford a valuable safeguard against wrongful detention in asylums.

It is useless to entrust to relatives the power of applying for an examination; all experience shows, as in Mrs. G.’s case, that relatives put themselves entirely in the hands of asylums authorities, and are frequently averse to having the unhappy patient, whose condition has laid such a stigma on the family, restored to liberty and the domestic circle. As for other “friends,” the wretched inmates of asylums generally lose all their friends the day they go in, and, if that is not so, how many friends will interfere in a matter of this kind between the family and the patient?

\* *Vide* comments on Dr. Percy Smith’s “opinion” in the Introduction.

The friend whom Mrs. G. eventually found to apply for her examination was the Superintendent of the last asylum she was sent to. He told her that it would do her no good, and, as already mentioned, he retained to the last his opinion that she was not normal because she related experiences "too terrible to be believed"; but he was a just-minded and sympathetic man, and he gave her a chance. What hope has the wrongfully detained lunatic of finding such a friend among asylum superintendents? I fear not much, and that Section 49, as it stands, is virtually useless where it might be made the salvation of many victims.

One other point on the Lunacy Act. As many readers will know, there is a special and ancient legal process for finding a person to be a lunatic by judicial inquisition. In the case of lunatics so found the Act provides (Section 115) that the medical attendant shall three times in the first six years of detention and every five years afterwards certify to the Masters in Lunacy "that the patient is still of unsound mind and a proper person to be detained under care and treatment." Why should this most wholesome provision be limited to the case of a "lunatic so found by inquisition"? An inquisition in lunacy is a public trial in due form, usually of a most elaborate character. I remember one that lasted for about six days. If the provisions of Section 49 are deemed necessary for the protection of the lunatic after such an exhaustive investigation, *a fortiori* must something of the same kind be necessary for those who have been consigned to madhouses by the rough-and-ready, slipshod process described in the last article on Mrs. G.'s case. Such protection as this Section provides against wrongful detention for an indefinite period should be extended to everybody once

consigned to a lunatic asylum. I suggest for consideration that the provisions of this Section should be strengthened ; that the first reception order should only be valid for, say, twelve months, and that at the end of that period it should be renewed, as it was originally made, by " judicial authority " after a genuine review of the circumstances of the case. The process might well be repeated at longer intervals, until it becomes clear that the case is hopeless, but I would still have the quinquennial certificate from the asylum medical officer as provided by Section 49.

## MADHOUSE HORRORS.

### "MRS. G.'S" REVELATIONS.

[REPRINTED FROM *Truth*, JULY 29, 1914]

We are accustomed to think of a madhouse as a place of unutterable horror, but the vast majority of people suppose that in these days only those horrors survive which are the inevitable incidents of herding together indiscriminately large numbers of insane people. From the days when Charles Reade wrote "*Hard Cash*" down to the date of the passing of the Lunacy Act of 1890 there were so many agitations on this subject, and so many attempts at reform, that the public seems to have come to believe that all lunatic asylums are at least well-managed, closely inspected places, where humanity to the patients is the governing principle, and passive neglect or active cruelty to patients impossible, or possible only in occasional and quickly detected cases.

I believe this to be a comfortable delusion. I say this on the evidence of every person I have met who has had any long experience of asylum life and come out in a condition to testify to what he or she has seen. I give the testimony of Mrs. G. simply as the latest, the most extensive, and the most shocking that has come under my notice.

In the long statement to which she has sworn she gives chapter and verse for every allegation. She challenges enquiry. She has vainly demanded it for seven years. *No one who reads her statements can doubt that there ought to be an enquiry, not for her benefit only but for*

*the benefit of the thousands of hapless and helpless beings still left in the hells upon earth from which she has escaped.\**

It must not be forgotten that Mrs. G. availed herself of every opportunity in her power for bringing the condition of affairs before those supposed to look after the welfare of the mentally afflicted. She communicated with the Lord Chancellor again and again, she complained to the Lunacy Commissioners, to the visiting justices, to her brothers. So far as any practical result was concerned she might just as well have addressed her complaints to a brick wall. If any enquiry was made it was of the most perfunctory character, and the only result was the prolongation of Mrs. G.'s imprisonment, on the ground that any grievance of which a person certified as a lunatic complains is *prima facie* a delusion. *In no other way can the failure to have made searching investigation into Mrs. G.'s charges be explained.\** From the fact that no real investigation was made one can gather how strong the hold the "delusion" theory has upon lunacy officials. Yet one need not be a mental expert to be aware that the evidence of a lunatic need not necessarily be untrustworthy. The inmate of an asylum who complains of the food is not always suffering from a sensory disorder, or when she states that she has witnessed an assault by a nurse upon a patient the statement ought not to be forthwith dismissed as an optical illusion. Such, however, would seem to be the point of view of those whose duty it is to safeguard the welfare of all who have the misfortune to find their way into lunatic asylums. A point of view more likely to lead to all sorts of abuses it is impossible to conceive. That it does lead to abuses, that it allows all sorts of cruelty to be perpetrated, and

\**Italics mine.—Ed*

to go on unchecked, Mrs. G.'s statements make abundantly clear. So far as some institutions are concerned it would seem that the lot of the lunatic is little better than a hundred years ago. A brutal attendant has been substituted for shackles and chains, but otherwise the asylum remains a prison, with the gaolers at liberty to deal with their charges at will, to dose and to drug them, to assault them and starve them, instead of being a hospital for the treatment of mental disease, with nurses, trained in something else than the exercise of physical force, to look after the patients.

The mental hospital is an ideal towards which the attention of the experts has long been directed. There seems no reason to hope that its realisation will be speedily accomplished. Meanwhile it is not too much to expect some steps to be taken to make the machinery of the existing Lunacy Acts effective in preventing such abuses as those described. When the Act of 1890 was drafted, the promoters no doubt imagined that the provisions for visits by Lunacy Commissioners, Visiting Justices, Visiting Committees, and Chancery Visitors, would be an effective safeguard against ill-treatment of inmates of asylums. Mrs. G.'s experiences prove that these provisions no more prevent all sorts of abominations taking place than they prevent sane persons being detained as lunatics. The fact is that the provision for inspection made by the Act of 1890 is utterly inadequate for the purposes in view. It would have been a physical impossibility for the Lunacy Commissioners under that Act to have exercised the necessary supervision of the institutions. Neither have the Visiting Justices and Visiting Committees, seemingly, utilised the powers which have been given them in order to perform their duties successfully. The truth seems

to be that the welfare of the inmates of any asylum depends wholly and solely upon its having at its head an alert, vigilant superintendent, who has no other aim in life but the welfare of those under his charge. That is undoubtedly the case in some, I hope in many, asylums. But it is not a matter which should be left to chance, and the only way to secure it is by an adequate system of inspection. It may be added that no fresh legal enactment would be needed to set up such a system. By the Mental Deficiency Act of last year, the Lunacy Commissioners have been superseded by a Board of Control of fifteen Commissioners, twelve of them paid, who, it is enacted, *shall* be assisted in the performance of their duties by inspectors and other officers and servants, to include women as well as men.

The latter provision, in view of Mrs. G.'s statements, would appear to be particularly valuable. The appointment of a sufficient number of qualified men and women, free from office routine, enabled to devote the whole of their time to rigorous investigation where there is reason to suppose the conditions are not all that they ought to be, and to pay surprise visits at any hour of the day or night to any institution, would speedily put an end to the horrors.

NOTE.—As that part of the article containing "Mrs. G.'s revelations" is embodied in her narrative, it has been omitted in this place.—ED.

## LUNACY LAW SCANDALS.

### THE LORD CHANCELLOR AS A LEGAL FICTION.

[REPRINTED FROM *Truth*, MARCH 24, 1920]

The recent observations in *TRUTH* on the defects of lunacy law administration would be incomplete without some reference to the position of the Lord Chancellor in relation to this subject. The Lord Chancellor, the highest judicial officer in the State, possesses in theory a general jurisdiction over the insane section of the community. He has under him a body of Masters in Lunacy, exercising various definite functions. He is himself a sort of legal protector of every lunatic. This is not merely legal theory, for notices are—or were before the war—exhibited in all lunatic asylums informing the inmates of the legal right to communicate with the Lord Chancellor on any matter requiring his attention. This may look excellent in theory—a sort of keystone of the beautiful legal arch which is built over the lunatic for his protection. In practice it is utterly worthless, as anybody could easily guess in advance; for what is likely to be the result of giving every lunatic in the kingdom the right to appeal for help to the Lord Chancellor? It can only be to fill official waste-paper baskets with vast accumulations of preposterous rubbish, and to ensure that all complaints from lunatic asylums will be referred back to the officials complained against, and adjudicated upon by them and nobody else. Where a real evil or grievance is behind the communication, this right of appeal is precisely like that of every officer in the Army to appeal to the King against the action of

the War Office. In practice, it becomes simply an appeal from Cæsar to Cæsar.

In order to show that this is not theory, but what actually occurs, I now give a concrete example of the practice. In June and July, 1914, an exhaustive account was given in *TRUTH* of the treatment and revelations of a lady who was, for obvious reasons, merely referred to as "Mrs. G." This lady's case furnished the most complete and convincing exposure of the defects of the law and the abuses of asylum management that has ever been published, so far as I know. I would refer all those who are interested in the subject to the original articles. It was shown conclusively that Mrs. G. was wrongfully certified in the first instance, that she was incarcerated for twelve years of terrible torture, that her prolonged detention was the direct result of her having used her legal right to communicate with the Lord Chancellor, and that at the end of her long struggle to recover her liberty she was released on the certificate of two of the highest living authorities that she was perfectly sane. In the course of the *TRUTH* articles, the defects of the law, the violations of the law, and the abuses of their authority by various officials were clearly and exhaustively pointed out. The case had been brought to my notice by Mr. Hugh M. Davidson,\* a barrister, and also a duly qualified medical practitioner, who was an old friend of the lady concerned, and desirous of righting the awful wrong which had been done to her, as well as of obtaining an official investigation which might check such abuses in future. After the

\*NOTE.—This gentleman has throughout taken the keenest interest in the case, and it is largely owing to his unselfish and indefatigable labours that it has now been brought prominently before the public. I am personally indebted to him for much valuable help and advice.—Ed.

publication of the **TRUTH** articles Mr. Davidson sent them to the Lord Chancellor (Lord Haldane), accompanied by a statement of the salient facts of the case in his own words. The following are the more material points in his statement :

1. That Mrs. G—— voluntarily entered Cheadle Royal Asylum for a nerve rest cure, and ten days later, unbeknown to herself, was certified a person of unsound mind on the petition of her sister.

2. That many facts were omitted in the sister's "particulars of insanity" which were of such material importance that had the magistrate held an enquiry it would not have been possible to have signed the reception order.

3. That among these facts were : That Mrs. G—— had "no usual medical attendant." This was true in fact, but it was also known to the petitioner that only a month before entering Cheadle Royal Asylum Mrs. G—— had consulted Sir James Goodhart, as she went with her to his house ; and also that she had been treated by a local practitioner while at St. Anne's-on-Sea just before entering the asylum. The petitioner could also have called her brother, Col. ———, F.R.C.S. who had considerable experience in insane cases. The brother accompanied Mrs. G—— to Cheadle Asylum, and did not consider her as of unsound mind.

All the above evidence was available, but was not called or mentioned.

4. The medical certificates relied on in this petition are palpably insufficient, and an enquiry would have shown that, for some three weeks before certification, Mrs. G—— had been dosed with narcotics—nearly every day—and that all her supposed symptoms of insanity were the products of this drugging.

I can myself swear to the fact that Mrs G—— has an idiosyncrasy with regard to narcotics, and that this fact was known to me thirty years ago, and which also accounts for the only suspicious symptom given in the medical certificates. As, therefore, Mrs. G—— was certified while under the influence of these narcotics

the certificates of the medical men can only be regarded as misleading and worthless.

5. That, while in certain asylums, Mrs. G—— both witnessed and suffered brutal treatment of herself and others.

6. That she complained to your Lordship many times, and to all those bodies appointed for that purpose under the Lunacy Act, but without the slightest effect ; and on one occasion her letter to your Lordship was never posted, though its contents were known to the nurse.

7. In spite of her constant demand, there has never been any genuine or effective investigation of her many charges and allegations of brutal treatment ; but these allegations have been used against her on the ground of delusions, and have thereby inflicted on her six or seven years of additional incarceration.

Moreover, one superintendent, on reading a communication which she had addressed to her brother, which she wished handed to him in the event of her death in the asylum, went so far as to tell her "she told lies, and would never get out until she altered," and the same day by way of deterrent and punishment had her placed in the refractory ward.

8. The right, therefore, of making complaints to your Lordship and to those appointed by the Lunacy Act for enquiry into the same is in practice made a dead letter.

9. For six or seven years Mrs. G—— demanded the opinion of the two best experts in England, but was refused the same, though immediately it was granted they pronounced her absolutely sane and "capable of managing her own affairs."

10. That these experts were Sir George Savage and Dr. Percy Smith.

11. That in spite of such authoritative opinion, the Lunacy Commissioners took and acted on the opinion of the superintendent with whom she last resided. That this latter still maintains that she is "not of a normal and well-balanced mind," and, when Mrs. G—— asked his reason for differing from the two best experts

in England, he told her "that it was because of her allegations of brutal treatment and his inability to believe them," but that, "if she could ever prove them to be true, then he would consider her quite normal and well balanced."

Your Lordship will here perceive that it is not Mrs. G——'s mental capacity or the truth of her allegations which is at stake, but only the medical superintendent's powers of belief; and her difficulty, therefore, consists in the fact that she cannot prove the truth of her allegations unless your Lordship will grant her a Commission of Inquiry into the whole matter, and cannot therefore establish her complete sanity.

12. That, owing to the Lunacy Commissioners' refusal to accept the diagnosis of the two great experts, Mrs. G—— is still made a statutory lunatic, and, though pronounced by these experts as "capable of managing her own affairs," her estate is still managed by the Master in Lunacy.

13. Mrs. G—— also says that the said Master in Lunacy refuses to release his hold on her property unless she will comply with certain terms and conditions, the effect of which would be to compel her acknowledgment that she was insane; but this she resolutely and rightly refuses to do while having the protection of such experts' opinions, and considers such high-handed action as most unjust and reprehensible.

Mr. Davidson requested, as the first step to the objects in view, that the Lord Chancellor would see him personally in company with Mrs. G. He received the following reply :

DEAR SIR,—I am desired by the Lord Chancellor to acknowledge receipt of your letter of the 14th inst., and to say that you are mistaken if you suppose that he has not made personal enquiry in the matter to which it refers.

His Lordship has confidence in those who carry out the difficult and painful administration of the Lunacy Laws.

I am,

Yours faithfully,

A. G. C. LIDDELL.

Mr. Davidson made one more assault on the official fortress, indicating his dissatisfaction and enquiring whether it was his Lordship's intention to retain Mrs. G. on the official list of lunatics in the face of the opinions of Sir George Savage and Mr. Percy Smith, and asking for an independent Commission of Inquiry. The only reply was a curt intimation that the Lord Chancellor "is unable to add anything to his letter of the 18th inst."

It should be remembered that the Lord Chancellor was here presented not only with Mr. Davidson's statement—itself a pretty strong indication of serious wrongs and abuses—but with three lengthy *TRUTH* articles, in which the full facts had been set out and analysed exhaustively. A more convincing indictment of the service of which his Lordship is the figurehead could not be framed. And what is the answer? In effect, the Lord Chancellor knows all about the case, and he has full confidence in his subordinates. Confidence, indeed, hardly seems to express his attitude; the words used seem rather to convey sympathy with the poor officials who have the "difficult and painful" task of looking after troublesome people like this Mrs. G.—only to be rewarded by being held up as law-breakers, liars, and cruel torturers of defenceless women. Is any further demonstration required that the Lord Chancellor's position as the protector of the insane is a mere legal fiction? What he protects is the system and the

law of which he is the head, and the functionaries entrusted with their administration—doctors, magistrates, superintendents, visitors, and last, if not least, the attendants and servants whose brutality has lately been described in page after page of this journal, and confessed even by the asylum medical officers. "His Lordship has full confidence in those who carry on the difficult and painful," etc. Think of this after all that has been related of them in **TRUTH** during the last two months—not by their wretched victims alone, but by witness after witness whose evidence cannot be rejected by the convenient official explanation that it is mere mental hallucination.

It will, perhaps, be said by some acute reader that as a member of the Cabinet in August, 1914, the Lord Chancellor might be excused for not giving much personal attention to a departmental matter of this nature. I agree, but that is no excuse for refusing to appoint some independent authority to examine the allegations. But I have no desire to criticize Lord Haldane personally. I, therefore, mention that, as soon as his Lordship had gone out of office in 1915, Mr. Davidson again brought the case before his successor, Lord Finlay—an equally irreproachable gentleman and lawyer—and that he simply found himself brought up once more before the official stone wall. It is not a question, therefore, of Lord This or That, but of "the system." The system is an infernal machine, and the Lord Chancellor at its head is a solemn fraud.

## APPENDICES



## APPENDIX I

53 Vict. c. 5.—Sched. 2, Form 3.

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### ORDER FOR RECEPTION OF A PRIVATE PATIENT TO BE MADE BY A JUSTICE APPOINTED UNDER THE LUNACY ACT, 1890, JUDGE OF COUNTY COURT OR STIPEN- DIARY MAGISTRATE.

I, the undersigned, J. H—— M——, being a Justice for County of Chester, specially appointed under the Lunacy Act, 1890, upon the petition of Edith B—— in the matter of Rachel Grant-Smith, a person of unsound mind, accompanied by the medical certificates of Dr. A. G—— and Dr. H. W—— hereto annexed, and upon the undertaking of the said Edith B—— to visit the said Rachel Grant-Smith personally or by someone specially appointed by the said Edith B—— once at least in every six months while under care and treatment under this Order, hereby authorise you to receive the said Rachel Grant-Smith as a patient into your Hospital.

AND I declare that I have not personally seen the said Rachel Grant-Smith before making this Order

Dated this 15th day of August, 1900.

J. H—— M——,

*A Justice for the County of Chester, appointed under the above-mentioned Act [or the Judge of the County Court of or a Stipendiary Magistrate].*

To G. W. M——, Esq., Medical Superintendent,  
Manchester Royal Lunatic Hospital, Cheadle,  
Cheshire.

## 53 Vict. c. 5.—Sched. 2, Form 1.

## PETITION FOR AN ORDER FOR RECEPTION OF A PRIVATE PATIENT.

IN THE MATTER OF RACHEL GRANT-SMITH, a person alleged to be of unsound mind.

*To J. H. M—, J.P. for County of Chester.*

The Petition of Edith B—, of ———, in the County of Buckinghamshire, spinster.

1. I am — years of age.
2. I desire to obtain an Order for the reception of Rachel Grant-Smith as a person of unsound mind in the Manchester Royal Lunatic Hospital, situate at Cheadle, Cheshire.
3. I last saw the said Rachel Grant-Smith at Oakhurst, St. Anne's Road East, St. Anne's-on-Sea, on the 4th day of August, 1900.
4. I am the sister of the said Rachel Grant-Smith

• • • •

The Petitioner therefore prays that an Order may be made in accordance with the foregoing statement.

EDITH B—.

15th August, 1900.

## FORM II

STATEMENT of Particulars referred to in the annexed Petition (or in the above or annexed Order).

The following is a Statement of Particulars relating to the said Rachel Grant-Smith:

Name of Patient, with Christian name at length	Rachel Grant-Smith.
Sex and age - - - -	Female, —.
Married, single, or widowed	Widow.
Rank, profession, or previous occupation (if any) - -	None.
Religious persuasion - -	Church of England.
Residence at or immediately previous to the date hereof - - - -	Oakhurst, St. Anne's Road East, St. Anne's.
Whether first attack - -	Yes.
Age on first attack - -	—.
When and where previously under care and treatment as a lunatic, idiot, or person of unsound mind - -	Nowhere.
Duration of existing attack - -	About 3 weeks.
Supposed cause - - - -	Grief.
Whether subject to epilepsy - -	No.
Whether suicidal - - - -	Doubtful.
Whether dangerous to others, and in what way	No.

Whether any near relative  
has been afflicted with  
insanity -

No.

Name and full postal ad-  
dress of the usual medical  
attendant of the patient - Has none.

EDITH B\_\_\_\_\_.

WHEN NEITHER CERTIFICATE IS SIGNED BY THE  
USUAL MEDICAL ATTENDANT.

I, the undersigned, hereby state that it is not practicable to obtain a Certificate from the usual Medical Attendant of Rachel Grant-Smith for the following reason, viz., she was attended by her husband, lately deceased.

EDITH B—.

15th August, 1900.

CERTIFICATE OF MEDICAL PRACTITIONER  
FORM 8.

IN the matter of Rachel Grant-Smith, of no fixed abode, widow, no occupation, an alleged lunatic.

I, the under-signed A—— G——, do hereby certify as follows :

1. I am a person registered under the Medical Act, 1858, and I am in the actual practice of the medical profession.

2. On the 14th day of August, 1900, at the Royal Hospital, Cheadle, in the County of Chester (separately from any other practitioner), I personally examined the said Rachel Grant-Smith, and came to the conclusion that she is a person of unsound mind, and a proper person to be taken charge of and detained under care and treatment.

3. I formed this conclusion on the following grounds, viz. :—

Facts indicating Insanity observed by myself at the time of examination, viz. : She is very depressed, will only with reluctance speak when she is spoken to ; says that she was tempted to poison herself, as it was no use living.

4. The said Rachel Grant-Smith appeared to me in a fit condition of bodily health to be removed to an asylum, hospital, or licensed house.

5. I give this certificate having first read the section of the Act of Parliament printed below.

DATED this 14th day of August, 1900.

A—— G——, M.B.

of C—— H——, Cheadle, Cheshire.

CERTIFICATE OF MEDICAL PRACTITIONER.  
FORM 8.

IN the matter of Rachel Grant-Smith, of no fixed abode, widow, no occupation, an alleged lunatic.

I, the under-signed H—— W——, do hereby certify as follows :

1. I am a person registered under the Medical Act, 1858, and I am in the actual practice of the medical profession.

2. On the 14th day of August, 1920, at the Royal Hospital, Cheadle, in the County of Chester (separately from any other practitioner), I personally examined the said Rachel Grant-Smith, and came to the conclusion that she is a person of unsound mind, and a proper person to be taken charge of and detained under care and treatment.

3. I formed this conclusion on the following grounds, viz :—

Facts indicating Insanity observed by myself at the time of examination, viz : She was melancholy and depressed, she said she had no desire to live and would like to put an end to herself. She said she was afraid to go out because she was constantly followed by a number of people who were watching her. She did not know for what reason they did so.

4. The said Rachel Grant-Smith appeared to me to be in a fit condition of bodily health to be removed to an asylum, hospital, or licensed house.

5. I give this certificate having first read the section of the Act of Parliament printed below.

DATED this 14th day of August, 1900.

H—— W——

of T—— B——, Cheadle, Cheshire

## APPENDIX II

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### OPINION OF SIR GEORGE SAVAGE.

*26 Devonshire Place,  
29th May, 1912.*

Having for a second time had a long conversation with Mrs. Grant-Smith I have failed to discover any symptoms of mental disorder. Her memory is good and exact. She is free from any sensory disorder, and she seems to me to be free from any symptoms leading to social or personal danger. She appears to be quite capable of controlling herself and her affairs.

GEORGE H. SAVAGE,

M.D., F.R.C.P.

## OPINION OF DR. PERCY SMITH.

36 Queen Anne Street,

June 1, 1912.

Dear Sir George,

I saw this lady as arranged on May 30th ; she gave me a long history of having become ill after her husband's death, and acknowledged that she was very depressed and suicidal.\*

She said that at that time she did not care [*presumably, to live*.—Ed.] and thought it was best she should die ; she says she went as a voluntary boarder to Cheadle, and was there for three years, and while there believes she was certified. She does not think it was ever necessary that she should have been certified, but acknowledges that for a time she was like a "stunned person" ; subsequently, she was transferred to Musgrove and to Drayton House. At Musgrove she acknowledges that she was artificially fed, and says that at this time she was washed in dirty water or with things which were not clean. She complains very much of her treatment at Drayton House, and makes statements about the conduct of the officials which she believes are founded on fact, but which may, of course, be distorted opinions in her mind as to what happened.

Subsequently she was transferred to the Isle of Wight, and appears to have been specially seen by one of the Commissioners whilst she was there, and also subsequently at Albion House.

\*This is very equivocally expressed. Obviously Mrs. Grant-Smith did not confess that she was "suicidal" *at the time of the interview*. Even the suggestion that she did do so at the time of her committal is open to dispute. See page 62.

At Albion House she seems to have enjoyed considerable liberty, and has never broken her parole, as she considers it would have been dishonourable.

She acknowledged that she escaped once in the Isle of Wight, when she had a favourable opportunity. She is now, according to her statement, on leave of absence from Albion House for four months, and appears to go where she likes unattended. She had come up to see me alone ; her desire is to be free ; and also to have control over her affairs which are under the Court.

She did not seem to me depressed or excited, and appears to have no desire to do harm to herself or others. She says she does not blame anyone for getting her into Cheadle, but thinks she has been detained unnecessarily in asylums, and wants to have it cleared up. She says she shall do what she thinks right as to representations she may make about her case ; she also wished to do this for the sake of others.

In my opinion she should not be certified as insane, and it is evident from the large amount of liberty allowed to her that she is not acting in any insane way. There is no doubt that, if set at liberty, she would at once make representations to the Commissioners and Lord Chancellor as to her previous treatment, and might become litigious ; otherwise it does not seem to me that she would do any harm.

R. PERCY SMITH.

Sir George Savage,  
26 Devonshire Place.

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